WCB Physical Therapy
Contract Reference Guide
Reference Material to Assist in Understanding Your Contract

2015-2017
WCB Physical Therapy Contract
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Contract Term 2015 to 2017

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Responsibilities of the Physical Therapist at Time of Assessment

- Confirm the injury occurred at work. If work-related:
  - Ask the worker if a Worker’s Report of Injury has been submitted to WCB.
  - If not, encourage the worker to submit their report and advise their employer to submit the employer report. Workers can submit a Worker’s Report of Injury online at www.wcb.ab.ca.

- Under the Workers’ Compensation Act (WCA), you are obligated to report to WCB if you are aware a work-related injury has occurred. The reporting must be submitted within two business days. It is unlawful to bill treatment that is the responsibility of WCB to another payment source or the worker.

- If an individual reports that he/she has been injured at work but does not wish to report to WCB, you must inform the worker that you will be sending a report to WCB as required by law. Failure to report work-related injuries could result in termination of your contract.

- Make the worker aware of his/her responsibility for payment in the event treatment is not authorized by WCB-Alberta. You may wish to consider having the worker sign an agreement to ensure payment is secured if treatment is not authorized by WCB.

- Confirm whether the worker is receiving concurrent treatment for the injury elsewhere (e.g. at another PT or chiropractic clinic). Concurrent treatment is not typically authorized and you should advise the worker to contact their WCB claim owner and wait for approval from WCB before booking the initial visit.

- If the above process has been followed, WCB will pay for the first visit (assessment, first treatment and reporting) regardless of the claim entitlement decision (i.e. whether the claim is accepted or denied by WCB).

- You can call WCB’s Contact Centre to find out if a claim entitlement decision has been made and if the physiotherapy is authorized. The toll-free number in Alberta is 1-866-922-9221, the local number in Edmonton is 780-498-3999 and in Calgary the number is 403-517-6000.

- Once the WCB claim owner has determined that the worker is entitled to PT treatment and an assessment/first report has been received, the claim owner will send an authorization letter to the PT clinic with the approved timeframe.
WCB Claim Owner Authorization

➢ Authorization may be delayed in the following instances:
  • The worker or employer reports of injury have not been received.
  • It’s an older claim that is requesting to be reopened.
  • For repetitive strain injuries (where there is not a clear mechanism or date of injury).
  • Workers under the Government Employees Compensation Act, further documentation are needed with a countersignature from Labour Canada.

➢ Only one PT First Report will be supported per episode of treatment. A six week period of physical therapy with a maximum number of 21 treatment visits will usually be approved for any worker with a soft tissue injury. The authorization timeframe starts from the date of initial assessment.

➢ If the worker did not attend treatment following the assessment until authorization was confirmed you are not able to add to the initial six week authorization period. An extension request can be submitted with rationale for extension and a decision will be made based on clinical/functional status at conclusion of the initial six week treatment period.

➢ If the worker wishes to pay for his treatment privately without waiting for WCB authorization you may proceed with treatment. All costs must be reimbursed to the worker for all treatment fees if the claim is accepted and treatment authorized by WCB. You must then invoice WCB for authorized dates of services at the WCB contract rates.

➢ If the worker has two accepted WCB claims, separate authorization for treatment should be provided by the claim owner. Thus separate physical therapy reporting (PT First and PT Status/Discharge Report) should be submitted under each claim.

➢ The appropriate timeframe for PT treatment should be requested in accordance with surgeon provided or WCB post-surgical and post-fracture protocols (see section on Post-Surgical and Post-Fracture Protocols). If no specific PT protocol is listed, the default authorization is for six consecutive weeks of physical therapy treatment up to a maximum of 21 treatment visits. The first treatment may occur on the same date as the assessment.

➢ Treatment appointments should be scheduled outside the worker’s working hours if possible. Extra visits shall not be added beyond the authorized timeframe to make up for cancellations or any other absences.
Guidelines for filling out the electronic report may be found at http://www.wcb.ab.ca/providers/reporting_physios.asp

Available reporting and timelines:

- A PT First Report should be submitted within two business days of the assessment date.
- A PT Progress Report should be submitted within two business days of the end of the third week for 6 week timeframes; or at the end of every fourth week for surgical or fracture timeframes of eight weeks or longer.
- A PT Discharge Report should be submitted within in two business days from the discharge date.
- A Finalized Treatment Report provides a method to formally discharge and close the episode of treatment. This report is to be used when a course of treatment is either complete, a request for extension is not supported or if the worker fails to return to treatment and no further clinical information is available to report in a PT Discharge report.
- A PT Invoice or Additional Treatment Invoice should accompany relevant reports.

PT report details:

Injury Details:

- Each submitted PT report should contain current updated information utilizing consistent means of measurement on all reports.
- Specific objective measures and relevant functional information shall be included and updated on all reports. Please select specific body parts rather than vague descriptions such as “arm” or “leg”.
- ROM - Both active and passive ROM should be documented if there is a significant difference. Documentation of ROM of the contralateral side is helpful.
- Strength – Strength testing by manual muscle testing should be noted on all reports for all injured sites.
- Objective Findings and Other Findings including Functional Status – please include information regarding
  - gait,
  - use of walking aids or brace/ prostheses/ orthotics,
  - swelling, scarring, atrophy, trophic changes, circulatory concerns,
  - girth measurements,
  - contractures, extensor lags,
  - ligamentous or special tests.
Reporting

➢ If clinical measures have not improved since the last report, please include functional improvements noted with treatment or improvements with activities of daily living.
➢ Please include specific functional information such as lifting/carrying capacity, grip strength or weights/TheraBand™ level the worker can safely use.

Treatment Plan Details:

➢ Please update the treatment plan accordingly on progress reports to describe the current treatment program that is being provided.
➢ WCB services requested – You may request contact with a WCB case manager or a physical therapy consultant if you have questions or concerns regarding the injured worker. Please select carefully. It is unnecessary to request contact with a WCB physical therapy consultant when you are submitting an extension request unless there is additional medical or clinical information to discuss.

Return to Work Details:

➢ Please clearly document the worker’s functional abilities in each section and update appropriately on each PT Status Report. This information is used by WCB claim owners to identify worker’s abilities and restrictions for return-to-work planning. Any safety concerns should be clearly identified.

Work Restrictions:

➢ This area should note activities that should be avoided in order to prevent re-injury or aggravation of the condition. These should be specific: i.e. “no lifting over 20 lbs to shoulder or overhead.” Work restrictions should be based on your professional judgment and clinical observations.

Estimated Return to Work date:

➢ This should always be filled in if the worker is not back at pre-accident level work. This should be based on your clinical observations of the worker.

Dates of attendance:

➢ Every status report must be accompanied by an invoice. This will automatically populate the treatment calendar.
➢ Absences should be noted.
  • There is a code for cancellations and a code for no-shows.
  • If more than three visits are no showed or cancelled without rebooking, please notify the Claims Contact Centre.
Post-Surgical and Post-Fracture Protocols

➢ Workers qualify for a longer treatment period if their injury is covered under the Appendix “A” Fracture and Surgical Protocols (Appendix A in contract). Please request the appropriate duration for physical therapy in accordance with these protocols or the surgeon’s protocols on the PT First Report. If there is no specific protocol listed in Appendix “A” of the current Physical Therapy Contract the WCB claim owner will provide authorization for six consecutive weeks of treatment. This information should be included in the additional comments at the end of the PT First Report.

➢ Please contact the WCB claim owner directly if the proper protocol timeframe for physical therapy is not approved in cases where a longer protocol exists.

➢ Extensions to post-surgical and post-fracture protocols are submitted and reviewed in the usual manner.

Pre - Surgical Treatment

Typically WCB does not support pre-surgical treatment once there is a plan for surgical intervention. Requests for pre –surgical treatment will be considered if the following circumstances are met:

➢ A definite surgical date has been set.
➢ The pre - surgical treatment is deemed necessary by the WCB physical therapy consultant to ensure a more successful surgical outcome and shorten the post-operative recovery (example, to regain full shoulder range of motion prior to rotator cuff surgery).
➢ The pre-surgical treatment is deemed necessary to maintain the worker at work while waiting for surgery.

The following pre-surgical treatment request process should be followed:

● Submit a PT First Report electronically as usual; also submit a faxed request to the WCB physical therapy consultant fax line (780-498-3226) for pre-surgical treatment approval. The WCB PT Consultant will make reasonable efforts to make and communicate a written decision within three business days of receiving the request. WCB shall have no obligation to pay for pre-surgical treatment authorized by WCB staff other than a WCB PT Consultant whose authorization shall be binding.
Physical Therapy Treatment Issues

- **What if a worker is missing appointments?** Please record all cancellations, no shows or absences on the reporting form. If a worker misses three appointments or fails to book appointments, please phone the WCB Contact Centre and ask for a note to be placed on the worker’s file with the concern of non-attendance or non-compliance. WCB will not fund cancellations or no-shows. Additional treatments cannot be added to make up for the missed appointments.

- **What if a worker is not responding to PT treatment or if further medical investigation is indicated?** If worker is not responding to treatment as expected you may wish to contact a WCB PT Consultant or ask the claim owner to arrange a return-to-work assessment or medical examination. If barriers to return to work are identified, you can discuss these directly with a claim owner.

- **Can I assign certain interventions to other clinical staff?** You may assign tasks to support staff such as exercise therapists, physical therapy assistants, or kinesiologists in accordance with the Practice Standards for Physical Therapy and any position statements or guidelines issued by the licensing authority (PACA).

- **What if the worker presents with multiple injuries?** You may request approval for exceptional billing by sending a written fax to the PT Consultant fax line (780-498-3226) with rationale for the request. See section on “Exceptional Billing” for further information.

- **What if the worker is participating in an episode of PT and is medically cleared to commence treatment on a separate injury?** For example, a worker is receiving PT treatment for a lumbar sprain and has concurrent wrist fracture which is immobilized in a cast. Once the cast is removed the worker is advised to commence physical therapy for his wrist.

  Submit a PT Progress Report with clinical findings pertaining to the wrist fracture which is now requiring PT treatment. You can send a fax to the WCB PT Consultant fax line requesting exceptional billing or payment for a second assessment considering the need for treatment to the additional injured site. A decision on double billing and payment for a second assessment will be reviewed by a PT consultant.
Extension Requests

Extensions will be considered if:

- The worker is making objective clinical and/or functional improvement with treatment.
- The worker has returned to work or there is a defined RTW plan in place.
- The extension will likely achieve a successful return-to-work outcome.

**Examples when an extension may be considered:**

- Post-operative treatment
- Post-fracture treatment
- Partial, non-surgical rotator cuff tears
- Low back pain with radicular symptoms, non-surgical, with or without neurological deficits
- Severe sprains requiring either casting, air cast, or bracing
- Neurological injuries (e.g. brain injury, SCI, peripheral nerve injury)
- Amputations
- Motor vehicle accident injuries
- CRPS and other exceptional injuries

**Examples when an extension may be denied:**

- The worker has returned to pre-accident job duties.
- The worker initially sustained a no-time loss injury that regressed to a time-loss injury.
- The worker has demonstrated no measurable objective signs of improvement with treatment.
- The worker sustained soft tissue injuries and either has not returned to work or has no definite return-to-work date in place.
- There are minimal to no clinical objective findings but the worker subjectively has pain complaints.
- The worker has conflicting diagnoses.
- The worker has a history of poor attendance or non-compliance.
- The worker requires a referral for a RTW assessment.

**NOTE:** Extensions should not be requested merely because a worker ‘missed’ treatments due to illness or holidays; extension approval is based on the need for further treatment.
When and How To Submit an Extension Request

- To request an extension, answer ‘yes’ to the question: “Is this a request for extension beyond the currently authorized timeframe?”, and submit the report. This will result in a task being generated for the WCB physical therapy consultants. Electronic reporting extension requests should not be faxed to the WCB physical therapy consultants unless there is a problem with the electronic reporting system.
- Submit an extension request 3-5 days prior to the end of the authorized timeframe.
- The WCB physical therapy consultants shall make reasonable efforts to make and communicate an extension request decision within three business days after receiving the request.
- Interim reports should not be submitted as extension requests (e.g. the 3 week report of a 6 week timeframe, or the 4 or 8 week report for a 12 week timeframe) even if it is clear that treatment beyond the initially approved timeframe will be needed.

Denied Extensions and Ongoing Treatment

- If an extension is denied as the worker is awaiting consults/surgery or is being referred to a WCB Assessment centre for assessment/program, ongoing treatment should not be provided as WCB is still directing the medical management of the worker’s injuries.
- If an extension is denied as WCB has determined it is no longer responsible for further treatment, ongoing services may be provided on such terms as is agreeable between the PT clinic and the worker. The worker must be made aware that WCB will not pay for further services or reimburse the worker for further services. In this case, the WCB physical therapy consultant will inform the PT clinic about the end of WCB responsibility, if possible.

Payment for Treatments Done Beyond the End Authorized Date

- If an extension is denied, and the worker has continued with treatment beyond the authorized end date, WCB does not guarantee payment of these treatments.
Transitional Return to Work (TRTW) Visits

Contract Term 2015 to 2017

- Transitional return to work visits are meant to assist a worker with return to full hours and/or duties or to support sustainability in a worker who has recently returned to full duties/hours.

- These visits are not appropriate:
  - for pre-surgery treatment
  - when awaiting a decision on an extension request
  - for a worker who has continued with pre-accident duties and hours since the date of accident

- Two transitional RTW visits are allowed within three consecutive weeks following the last authorized treatment.

- Authorization is not required for these visits as long as the Physical Therapy Discharge Report indicates your recommendation for the two visits and the worker is increasing their work hours and/or duties.

Do not submit the request for Transitional RTW visits as an extension request.

- The Physical Therapy Discharge Report must be submitted prior to doing these two visits.

- In your discharge report, indicate in the comments section that you plan on using the Transitional RTW visits.

- These visits must be invoiced on a PT Additional Treatment Invoice (C019); the visit should not appear on a PT Progress report or Discharge report.

- These visits must be billed as Transitional visits: 07.38AF.
Exceptional Billing

Exceptional Billing May Include:

I. Additional same day treatments of multiple compensable injuries ("double billing")
II. Treatment frequency that exceeds the contracted guidelines (soft tissue or surgical/fracture protocols)

Exceptional billing can only be approved by a WCB physical therapy consultant. Exceptional billing must be approved in advance.

Double Billing

- Double billing may be considered if the following circumstances are met:
  
  I. The worker has two or more distinct and separate compensable injuries of separate limbs or body parts
  
  II. The worker is totally disabled from work
  
  III. The worker’s injuries require same-day treatment with extended treatment time per visits that cannot be accommodated in a regular daily treatment session.

- A PT authorization letter from the claim owner indicating more than one body part (i.e. neck/shoulder) does not constitute approval for double billing.

- Approval of double billing does not depend on the number of compensable injuries but on the severity of the injuries.

- Double billing is not typically approved for soft tissue injuries where an active treatment approach and/or treatment on alternate days combined with an appropriate home exercise program will suffice.

Increased Treatment Frequency

Approval of an increased treatment frequency (e.g. more than 21 visits for the initial six week timeframe or more than the maximum number of visits noted in the WCB Surgical or Fracture Guidelines) will be considered on a case-by-case basis.
Exceptional Billing

Contract Term 2015 to 2017

Procedure for Requesting Exceptional Billing

- All exceptional billing requests must be noted on the PT First Report or on the PT Progress/Discharge Report and submitted as usual. These reports must include clinical objective findings for all compensable injuries.
- In addition, a fax cover sheet should be faxed to the WCB physical therapy consultant at 780-498-3226. This fax should contain the worker’s name, claim number, the type of request (double billing or increased treatment frequency) and a rationale for exceptional billing (i.e. why multiple body parts cannot be treated on alternate days).
- A PT Progress Report noting the need for exceptional billing should not be submitted as a priority extension request (instead submit as a fax request); if an extension is needed as well, submit the status report as a priority extension request and note the rationale for ongoing exceptional billing in the section “Any other relevant comments or observations”.

Procedure for Invoicing for Double Billing

1. Obtain written approval from WCB PT Consultant for double billing.
2. Submit the invoice containing double billing to WCB electronically. The system will automatically reject the second treatments as ‘duplicates’.
3. To correct this and to ensure timely payment of double billing, once the invoice has been submitted, please fax or email WCB medical aid to advise that double billing has been approved by a WCB physical therapy consultant, noting the date of our decision (the date appearing on our fax).

Medical Aid fax number: (780) 498-7852

Medical Aid email: medical.aid@wcb.ab.ca
Sundry Items

Claim owners cannot approve sundry items.

Sundry items on the pre-authorized PT Contract Sundry Item list may be provided without authorization from WCB, up to a maximum of $200 per episode of treatment.

If the cumulative cost of sundry items exceeds $200, approval must be obtained, in advance, from a WCB physical therapy consultant (see below for procedure).

Additionally, low cost sundry items not on the pre-approved list can be provided where appropriate up to a total of $20 per treatment episode without approval by a WCB physical therapy consultant or claim owner.

If the sundry item greater than $20 is not on the PT Contract Sundry item list, approval must be obtained, in advance, from a WCB physical therapy consultant.

Procedure to Obtain Approval for Sundry Items Exceeding the $200 Limit or for Sundry Items Not on the List that are greater then $20:

- On a fax cover sheet, note the claimant’s name and claim number (or the PHN if claim number is unknown).
- Note the name of the item requested and the cost.
- Provide a rationale for the provision of this particular item or if the item being requested is a different type/model of an item that is on the Sundry item list, please explain why the item on the Sundry item list is not suitable.
- Fax this cover sheet to the WCB physical therapy consultant fax line (780-498-3226).
- A response should be received via fax within three business days after the request is received.

Note: Claimants may not be balance billed for the cost of any items which exceed the PT Contract Sundry item list cost.

WCB will not pay for any sundry item greater than $20 other than the sundry items on the contract list or those approved by the WCB physical therapy consultant.

Refer to Sundry Item List in the Contract for further information
Special Services, Supplies and Orthotics

The following treatments / medical services are not typically approved by WCB:

- TENS home units
- Prolotherapy
- Extracorporeal shockwave therapy
- Gym memberships, fitness club and pool passes
- Fitness equipment for home use
- Decompression/ VAX-D
- Massage therapy – Single service massage therapy is not supported by WCB however, massage can be provided as a treatment modality by a physical therapist, or under the direction of a physical therapist and thus billed to WCB as a physical therapy treatment. No additional fees will be paid.

Orthotics and Custom Knee Braces

Physical therapists are not authorized to provide orthotics or custom knee braces to the worker and will not be paid for any orthotics or custom knee braces sold to workers. There is a provider network of orthotists and prosthetists that the WCB claim owners can refer workers to for any orthotic devices required. Please document any recommendations for the need for orthotics on your reporting and the claim owner or PT consultant will review.

No extra fees should be charged to the worker for Acupuncture or IMS.

When acupuncture or IMS is provided as a PT modality no additional fees will be paid by WCB. If you are interested in becoming a ‘stand-alone’ acupuncture provider, please contact Health Care Services to obtain a separate acupuncture contract.

Concurrent treatment – pre-approval by a WCB physical therapy consultant is required for concurrent PT/ chiropractic or concurrent PT/ acupuncture treatment.
Communication with the WCB Claim Owner

How to Communicate with the WCB Claim Owner

- Contact the WCB's Claims Contact Centre at: 1-866-922-9221 (long distance) or in Edmonton 780-498-3999, Calgary 403-517-6000 (Mon – Fri, 8:00 am to 4:30 pm)
- Identify the claim number, the worker’s name, and ask for a note to be placed on the claim file – containing your name/clinic, the issue you are calling about, your recommendations and/or course of action; the need for a callback from the claim owner; the best time to call back (if a callback is needed).
- The Claims Contact Centre will put a note containing your information on file which will create a prompt for the claim owner to review.
- Do not fax or email the claim owner directly – as there is no back-up to ensure messages will be responded to if the claim owner is away from the office.

When to Contact the WCB Claim Owner

- There is an attendance issue.
- There is a non-compliance issue (e.g. the worker refuses to comply with recommended exercises in-clinic or at home).
- The worker was at work and has now been taken off work.
- There are issues with the suitability of modified work.
- Further assessment is recommended – a Medical Status Examination (MSE), Functional Capacity Evaluation (FCE), diagnostics, consults, other assessments (i.e. GAIT Assessment).
- The worker has plateaued with treatment (don’t wait to contact WCB until the end of the approved timeframe if the worker has plateaued after a few weeks).
- The correct post-operative protocol or fracture protocol as per Appendix “A” of the PT Contract has not been authorized by the claim owner.
- An authorization letter for the initial timeframe has not been received.
- The worker has a second injury during a course of treatment.
- There is a non-compensable issue that is delaying recovery.
Contacting a Physical Therapy Consultant

How to contact a physical therapy consultant

- PT Consultant fax line: 780-498-3226
- PT Consultant main phone line: 780-498-3899

When to contact a WCB PT consultant

- You have received a fax from a PT Consultant and wish to discuss the decision, you may phone that PT Consultant directly (direct phone numbers appear on the faxes).
  - Do not release the PT Consultant phone numbers to the worker. If the worker has questions regarding the extension decision or their claim, please advise them to contact their claim owner.
- The appropriate post-surgical or fracture protocol timeframe has not been approved, even after contacting the WCB claim owner.
- You have a question about WCB processes – how to request an MRI/consult, or wish to discuss ongoing PT treatment vs Return to Work Services referral or commence treatment on a second body site during a course of authorized treatment.
- If requesting sundry items or exceptional billing, please send a faxed request to the PT Consultant fax line.
Payment Information

- Provided proper treatment authorization and invoicing has been submitted, you should receive payment within 30 days. WCB shall make payment only in the contractor's name, as outlined on your billing number.

- WCB will not fund the following unless requested:
  
  I. Preparation of medical legal reports
  
  II. Treatment specifically aimed at improving ability to participate in sports or other lifestyle activities (this is not the responsibility of WCB)
  
  III. Time involved by the physiotherapist in managing an individual's care plan (i.e. phone calls are not funded)

- WCB may deny payment of an invoice where the contractor:
  
  1) Has failed to obtain proper approval of services
  
  2) Has not billed WCB for services within one year of the service being provided
  
  3) Has failed to submit reporting as required under the PT Contract

- The contractor shall not bill the worker or any other third party for additional fees above and beyond what has been invoiced to WCB for services.

- Invoices for treatment should only be forwarded to WCB with the associated PT Assessment/First Report, PT Progress or Discharge reports.

- WCB will not pay for orthotics or custom knee braces provided by physiotherapists (direct worker to speak to claim owner for a list of authorized prosthetic/orthotic providers).

- Extra fees for modalities such as acupuncture, IMS, iontophoresis, electrodes or massage therapy will not be funded.
Payment Information

➢ Reversal of a WCB claim decision:

1) **What if WCB initially accepted a claim and then denied it?**
   WCB will pay for physical therapy treatment provided prior to written notice to the clinic that the claim has now been denied.

2) **What if a claim is accepted, but was initially not accepted?**
   WCB is solely responsible for the payment of assessments and treatments which it determines are necessary for the compensable injury. WCB will reimburse the original payer once written confirmation from the contractor of the fees charged to the payer is obtained. The physical therapy clinic must thereafter direct any fees for approved treatment to WCB directly at the contracted fee for service.

➢ What should you do if you have questions regarding payments?

1) Check your online remittance for payment details.

2) Call WCB Contact Centre (1-866-922-9221) to review details. If the Contact Centre is not able to assist, they will direct you to Medical Aid.

3) Send amended invoices when requested to WCB Medical Aid by email at medical.aid@wcb.ab.ca or by fax (780) 498-7852.
WCB shall pay to the contractor for the following service rates during the term:

<table>
<thead>
<tr>
<th>Service</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Assessment Fee</td>
<td>$68.22</td>
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<tr>
<td>Treatment Fee</td>
<td>$40.31</td>
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<tr>
<td>Transitional Return to work Visit</td>
<td>$40.31</td>
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<tr>
<td>Assessment, Status, and Discharge Reports</td>
<td>$25.62 each</td>
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<tr>
<td>Chart copies requested by the WCB</td>
<td>$25.62 for the first page plus $0.30 per page thereafter</td>
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<td>Summary of chart information, requiring the extraction of relevant information, but not an opinion</td>
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<tr>
<td>Summary of chart information, requiring the extraction of relevant information, and including an opinion</td>
<td>$110.00 for the first thirty (30) minutes plus $35.00 for each fifteen minute increment</td>
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