

# Acupuncture Reporting and Invoicing Guide

January 1, 2025-December 31, 2028

Workers' Compensation  
Board – Alberta

## What happens if you are injured at work?

**1**

**Tell your employer**  
*The details of your injury*

After receiving notice, your employer must report your injury to WCB within 72 hours if:

- you need medical treatment other than first aid, or
- you cannot do your job beyond the day of accident.

**2**

**Tell Your health care provider**  
*If you were injured at work*

Your doctor, chiropractor, or physiotherapist must report your injury to WCB within 48 hours.

**3**

**Tell WCB.**  
*Send your Report of Injury form to WCB right away.*

You can get forms from your employer, any WCB office or report online at [www.wcb.ab.ca](http://www.wcb.ab.ca).

**We register your claim and assign the claim to an adjudicator**

The adjudicator determines if your claim meets legislation and policy requirements. We will contact you, your doctor, or your employer if more information is required.

**Claim not accepted**

**Decision made by WCB**

**Claim accepted**

The legislative and policy requirements were not met by the information collected. You will be advised of the reason by phone and in writing.

You may submit more information or ask for an internal review. You also have the option to request a review of the decision within one year.

The legislative and policy requirements were met. Benefits and services may include the following:

- Wage loss replacement
- Medical costs
- Case management services
- Return to work assistance

## About Workers' Compensation Board-Alberta

The Workers' Compensation Board (WCB) is a neutral, independent, not-for-profit organization who administers the *Workers' Compensation Act* for Alberta's workers and employers.

Funded by employers, we provide disability and liability coverage for work-related injury and illness. This means we compensate workers for lost income and coordinate the health care and other services they need due to a work-related injury.

Helping injured workers recover and safely return to work is at the core of what we do. A big part in making this happen is through our partnerships with health care providers like you—Acupuncturists, chiropractors, physicians, physiotherapists, surgeons, and other specialists.

### *How do I report a work-related injury to WCB?*

All health care providers in Alberta must provide injury and treatment reporting to WCB, if an injury or condition is believed to be work-related in accordance with legislation that requires you to submit your report to WCB within 48 hours of providing treatment or assessment. We use this information to make decisions on a worker's entitlement to WCB benefits and services.

- **Acupuncture First report** [First.pdf \(wcb.ab.ca\)](#)

We recommend referring your patient to WCB's customer contact centre for any information they need about WCB, initiating a claim or the benefits available (1-866-922-9221).

### *What should I release if WCB requests patient records?*

WCB may require additional information for decision making or to understand if the worker sought treatment before reporting their work-related injury. Learn more about what you can disclose by visiting our [website](#).

## Reporting Guide

**WCB Reports for Acupuncture:** [Forms and guides - WCB Alberta](#)

### Reporting requirements:

- All health care providers in Alberta must provide injury and treatment reporting to WCB, if an injury or condition is believed to be work-related in accordance with legislation. We use this information to make decisions on a worker's entitlement to WCB benefits and services.
- The First Report (M007) will be submitted to the WCB within two (2) Business Days upon completion of the initial assessment.
- The Progress/Discharge Report (M007A) will be submitted to the WCB within two (2) Business Days upon completion of the seventh (7<sup>th</sup>) treatment.
- The Progress/Discharge Report (M007A) is required if requesting an extension of treatment, faxed to WCB PT consultant at 780-498-3226 at the end of the third (3<sup>rd</sup>) week or the fifth (5<sup>th</sup>) treatment whichever comes first.

### Reports are to be submitted via:

- Fax: 780-427-5863 or 1-800-661-1993
- Email: [contactcentre@wcb.ab.ca](mailto:contactcentre@wcb.ab.ca)

## The First Report (M007) Reporting Guide

1. Demographics/General
  - Provide patient's information
2. Referring Physician
  - Provide name of referring physician or any treatment provider
  - Provide the date of referral
3. Diagnosis
  - Provide a provisional diagnosis if a clear diagnosis cannot be given. Provide the date of your initial examination.
4. Subjective Complaints
  - Describe the nature and sites of symptoms.
  - Include pain, numbness, tingling, etc.
  - Document local, regional, or radicular symptoms.
  - On a scale of 0 (none) to 10 (high), indicate the patient's reported level of pain at examination.
  - If this is a psychological injury, indicate the patients reported level of anxiety.
5. Objective findings
  - Indicate whether acute or chronic.
  - Note range of motion, flexibility, strength, swelling, neurological deficit, and other relevant objective findings.
  - This section is **critically** important for determining a return-to-work plan.
6. Has the worker returned to work?
  - Please indicate Yes/No, and the date.
  - If yes, indicate if the worker has returned to part-time, modified work and/or full time basis.
7. Can the worker return to pre-accident employment?
  - This assists with determining the worker's capabilities and support needs.
8. Would you like a case conference with the claim owner?
  - Check 'Yes' if you would like to provide additional information or to discuss treatment and/or return to work plan.

## The Progress/Discharge Report (M007A) Reporting Guide

1. Demographics/General
  - Provide patient’s information
  - Check “Progress” if submitting a request for an extension of treatment.
  - Check “Discharge” if the treatment is completed.
2. Subjective Complaints
  - Describe the nature and sites of symptoms.
  - Include pain, numbness, tingling, etc.
  - Document local, regional, or radicular symptoms.
  - On a scale of 0 (none) to 10 (high), indicate the patient’s reported level of pain at examination.
  - If this is a psychological injury, indicate the patients reported level of anxiety.
3. Objective findings
  - Indicate whether acute or chronic.
  - Note range of motion, flexibility, strength, swelling, neurological deficit, and other relevant objective findings.
  - This section is **critically** important for determining a return-to-work plan.
4. Positive outcome of treatment as reported by worker
  - Indicate the positive outcome of the acupuncture treatment as described by worker.
5. Complications
  - Document any other medical conditions or circumstances outside of compensable injury
  - Indicate any barriers to return to work outcome.
6. Indicate any psychological and/or behavioral aspects that may delay recovery. Has the worker returned to work?
  - Please indicate Yes/No, and the date.
  - If yes, indicate if the worker has returned to part-time, modified work and/or full time basis.
7. Can the worker return to pre-accident employment?
  - This assists with determining the worker’s capabilities and support needs.
8. Would you like a case conference with the claim owner?
  - Check ‘Yes’ if you would like to provide additional information or to discuss treatment and/or return to work plan.

## Invoicing guide

### Acupuncture Invoice (M007B) Completion Guide

Under the Workers Compensation Act (WCA), Section 86, “no part of the cost of any medical aid provided to or in respect of a worker...is payable by the worker”. This means all work injury or illness treatment is funded through the workers’ compensation system. No part of the cost of any approved medical service should be billed to the worker or employer. Workers and employers can only pay privately for services related to their compensable injury if we have indicated this service is not payable or supported by WCB.

1. Demographics/General
  - Provide patient’s information
  - Include WCB claim number to ensure prompt payment.
  - Include acupuncturists name/billing number and clinic address.
2. Date of Service
  - Indicate the date of service (year/month/day) for each service (assessment and treatment).
  - Submit only one invoice for multiple dates of service.
3. Service Code
  - Note one date of service for each type of service (assessment or treatment).

**WCB FEE SCHEDULE – ACUPUNCTURE**  
**Effective January 1, 2025 – December 31, 2028**

Service Description	Service code	WCB Fee
Acupuncture Assessment	ACU01	\$70.00
Acupuncture Treatment	ACU02	\$50.00
Acupuncture First report (M007)	ACURF01	\$40.00
Acupuncture Progress Report (M007A)	ACURF02	\$40.00
Acupuncture Discharge Report (M007A)	ACURF03	\$40.00
Collaborative call - With WCB Staff	ACUCC	\$27.50
Collaborative call - Outside of WCB Staff	ACUCE	\$27.50
No show / Cancellation (Less than 24hrs)	ACUCN	\$50.00
Chart Copies (at the request of the WCB)	RF04	\$26.52 plus \$0.47 per page
Summary of Acupuncture information, requiring the extraction of chart information, but not an opinion	RF05	\$93.15 for the first thirty (30) minutes plus \$36.23 for each additional fifteen (15) minute increment
Summary of Acupuncture information, requiring the extraction of chart information, and including an opinion	RF06	\$113.85 for the first thirty (30) minutes plus \$36.23 for each additional fifteen (15) minute increment

**Note:** The Contractor must submit all invoices within six (6) months of performing Acupuncture services. Invoices not submitted within this period will not be paid and the Contractor will not bill or otherwise pursue the Worker for payment of any such Service.

**Note:** A maximum of one (1) no show/cancellation (less than 24hrs notice) is only payable during the initial four (4) week authorization. All no shows are to be reported to WCB.

**Addendum - NOC STRENGTH LEVEL AND FREQUENCY KEYS**

**A. NOC Strength Level Key:**

<b>Strength Level</b>	<b>Definition</b>
Limited	up to 5kg (11 pounds)
Light	5kg – 10kg (11-22 pounds)
Medium	10 – 20kg (22-44 pounds)
Heavy	Greater than 20 kg (44 pounds plus)

**B. Frequency Key:**

<b>Frequency</b>	<b>% of Workday</b>	<b>Hours of Workday</b>
Not required	0%	0
Rarely	1 – 5%	1 – 24 minutes/day
Occasionally	6 – 33%	25 minutes to 2 hours 40 minutes
Frequently	34 – 66%	2 hours 41 minutes to 5 hours 17 minutes
Constantly	67 – 100%	> 5 hours 18 minutes to 8 hours