

**Alberta WCB
Policies &
Information**

Chapter:
BENEFITS

Subject:
HEALTH CARE

Authorization:
BoD Resolution 2017/08/32

Date:
December 22, 2017

APPLICATION 1: GENERAL

1. *What does the term "physician" include?*

In addition to the commonly understood definition of a physician as a medical doctor, the definition of physician in the *WCA* includes any person licensed or authorized under the *Health Professions Act* to practice any of the healing arts in Alberta (for example, a medical doctor, physiotherapist, or chiropractor).

In this policy, the term "health care provider" (which includes physicians as defined in the *WCA*, hospitals and other treatment facilities) is normally used except when referring to specific health care disciplines.

2. *Can the worker select the health care provider?*

The worker may choose the health care provider, including an initial or subsequent selection, provided they meet WCB criteria.

Allowing the worker to choose the health care provider does not, however, in any way limit WCB's authority to determine the necessity, character and sufficiency of any medical aid. If WCB is of the opinion the selection of a health care provider is clinically unsound or contrary to the worker's best interests, WCB may refuse to provide payment, and may direct the worker to another health care provider.

WCB's health care strategy includes use of contracted providers in some health care disciplines. When a WCB contracted provider network is in place, the worker must choose a health care provider from among those in the network. However, WCB may allow for exceptions based on individual needs or special circumstances. For example, exceptions may be made when:

- there is a conflict between the worker and the contracted provider(s) in the area,

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Worker select health care provider (continued)

- the contracted provider(s) in the area cannot provide timely treatment,
- there are no contracted providers within a reasonable distance of the worker, or
- any other situation deemed appropriate by WCB.

Providers not on the contracted service provider list must have WCB approval before treatment begins.

3. *What obligations do health care providers have under the WCA?*

Health care providers are required to send reports to WCB as detailed in s.34 of the WCA, including:

- when no time is lost from work, but additional or ongoing treatment is required
- when time lost from work will extend beyond the day of accident
- when permanent disability is apparent or anticipated
- when modified work beyond the date of accident is required
- when the health care provider sees the worker on second or subsequent visits relating to the work injury or illness
- when the worker is or will be able to return to work
- at any other time if requested by WCB

4. *How long will WCB provide medical aid to a worker?*

Medical aid will continue to be provided for as long as WCB considers it clinically advisable for the treatment of the compensable injury.

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5. *Are there any limitations on prescription drugs and other medications?*

WCB may authorize payment for:

- prescription drugs, which by law require the prescription of a physician or a dentist and are dispensed only by a licensed pharmacist
- medications with a drug identification number (DIN) on the label and available over the counter without a prescription, that are recommended by a physician
- pharmaceutical products available off the shelf such as surgical dressings, elastic bandages, cervical collars, etc., that are recommended by a physician

WCB may refuse or limit the authorization of payment for prescription drugs or medications that are excessive, ineffective, inappropriate, or harmful, including those that may lead to dependency or addiction. [See also Application 4 of this policy – Prescribed Opioid Analgesics (Narcotics)].

6. *What are the limitations on chiropractic treatment?*

WCB authorizes chiropractic treatment based on contracted time frames. Chiropractors must obtain WCB approval for treatment beyond the contracted time frames.

Treatment must be administered by a licensed chiropractor from WCB’s contracted service provider list. However, WCB may allow for exceptions based on individual needs or special circumstances (see Question 2). Providers not on the contracted service provider list must have WCB approval before treatment begins.

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7. *What are the limitations on physical therapy treatment?*

WCB authorizes physical therapy treatment based on contracted time frames. Physical therapists must obtain WCB approval for treatment beyond the contracted time frames.

Treatment must be administered by a licensed physical therapist from WCB’s contracted service provider list. However, WCB may allow for exceptions based on individual needs or special circumstances (see Question 2). Providers not on the contracted service provider list must have WCB approval before treatment begins.

Physical therapists must inform both the worker's doctor and WCB of the worker's progress.

Any treatment taken before the acceptance of physical therapy treatment or the worker's claim will not be paid by WCB if WCB determines the claim is not acceptable or if WCB would not have authorized physical therapy for the worker.

8. *What are the limitations on acupuncture treatment?*

WCB authorizes acupuncture treatment based on contracted time frames. Acupuncturists must obtain WCB approval for treatment beyond the contracted time frames.

Treatment must be administered by a registered acupuncturist on WCB’s contracted service provider list. However, WCB may allow for exceptions based on individual needs or special circumstances (see Question 2). Providers not on the contracted service provider list must have WCB approval before treatment begins.

9. *What are the limitations on dental treatment?*

Except in cases of emergency treatment, all dental treatments require prior WCB approval.

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10. *What are the limitations on podiatric treatment?*

Except in emergencies, all podiatric procedures and podiatrically prescribed appliances require prior WCB approval.

11. *What are the limitations on non-standard, not generally accepted medical aid or experimental medical aid?*

WCB does not generally authorize payment for non-standard, not generally accepted, or experimental medical aid. On a case-by-case basis, WCB may authorize payment for such medical aid upon written submission, from a treating physician, that presents the case for the proposed medical aid. The case for the proposed non-standard, not generally accepted, or experimental medical aid must meet all the following criteria:

- all other conventional medical aid has been tried or at least considered and found to be medically inappropriate
- the medical aid intervention will be used for a medical condition that results from a compensable injury
- there is sufficient evidence to indicate the medical aid intervention has a positive effect on human health outcomes that is part of a comprehensive work return or rehabilitation program
- there is sufficient evidence to indicate the medical aid intervention can be expected to produce the intended effects on health outcomes in the particular case under consideration
- there is sufficient evidence to indicate the medical aid intervention's expected beneficial effects on human health outweigh its expected harmful effects
- the medical aid in question can be provided legally in Canada from an accredited source

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12. *Are there limitations on the types of medical diagnostic techniques accepted by WCB?*

WCB does not normally authorize the payment for, or accept the results of, non-standard, not generally accepted, or experimental diagnostic techniques that conflict with the diagnoses offered by generally accepted or standard diagnostic techniques. Nevertheless, WCB may consider authorizing and/or accepting non-standard techniques on a case-by-case basis. WCB may require a written request from the treating physician that presents the case for the proposed diagnostic technique.

13. *What factors does WCB take into consideration when evaluating diagnostic techniques?*

WCB determines the acceptability of diagnostic techniques on the basis of the following criteria:

1. When there is a generally accepted, definitive technique for diagnosing a medical condition (i.e., a “gold standard” test), the results of such a technique are considered conclusive.
2. When there is no definitive diagnostic technique, WCB relies upon the results of generally accepted or standard techniques in formulating a diagnosis.

For WCB to authorize payment for, or accept the results of, non-standard diagnostic techniques, there must be sufficient scientific evidence to indicate the diagnostic technique can be expected to produce a reproducible and reliable result when compared to accepted or standard techniques in the particular case under consideration. To make this determination, all of the following conditions must be met. The technique is:

- based on a scientific hypothesis consistent with existing knowledge of the medical condition
- supported by several peer-reviewed research articles or at least one review article in a major scientific, medical, or surgical journal such as Nature, the New England

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*Factors WCB considers
when evaluating diagnostic
techniques (continued)*

Journal of Medicine, the Canadian Medical Association Journal, the British Medical Journal, Lancet, Spine, the Journal of the American Academy of Orthopaedic Surgeons, or a comparable journal (in the absence of the above publications, WCB may accept the evaluation/endorsement of an established national or international scientific, medical, or surgical society in Canada, the United States, or the developed world).

- not the subject of ongoing medical controversy regarding its diagnostic utility
- proposed by a professional member of a unit that has been designated as a centre of excellence for the medical condition in question
- demonstrated to lead to valid and consistent diagnoses in different settings and among different patient groups, and
- shown to lead to a diagnosis that builds upon and does not conflict with the diagnoses offered by generally accepted or standard diagnostic techniques

14. *When does WCB provide prosthetic or orthotic devices?*

When a compensable injury results in the loss of a hand, foot, arm, or leg, WCB will provide or pay for an artificial limb.

When prescribed by a physician, WCB will provide or pay for orthotic devices such as crutches, canes, supports, braces, and any other device(s) considered necessary to alleviate the results of a work injury. The orthotic devices are provided on a permanent or temporary basis, as needed.

WCB may also supply prosthetic or orthotic devices as a rehabilitation measure.

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APPLICATION 1: GENERAL**15. *When is this policy application effective?***

This policy application (Application 1 – General) is effective January 1, 2018, and applies to all claims regardless of the date of accident, except when noted otherwise in a specific policy section(s).

Previous versions

- [Policy 0406 Part II - January 2018](#)
- [Policy 0406 Part II - May 2016](#)
- [Policy 0406 Part II - August 2015](#)
- [Policy 0406 Part II - November 2011](#)
- [Policy 0406 Part II - January 2007](#)
- [Policy 0406 Part II - May 2006](#)
- [Policy 0406 Part II - April 2005](#)
- [Policy 0406 Part II - January 2004](#)
- [Policy 0406 Part II - September 2002](#)
- [Policy 0406 Part II - January 2002](#)
- [Policy 0406 Part II - July 2001](#)
- [Policy 0406 Part II \(consolidated manual 1st Issue\) - February 1997](#)