

**APPENDIX “A”
WCB FEE SCHEDULE – ALBERTA PHYSICIANS
Effective April 1, 2024**

Fee for Service			
Service fees based on Alberta Health’s Schedule of Medical Benefits			
Reporting Fees			
General Practitioner Report Fees	WCB Fee		WCB Health Services Code
First report (C050)	Same-day	\$79.12	Select “create a new report” or “create a follow-up report” within Electronic Injury Reporting
	On-time	\$72.10	
	Late	\$54.08	
Progress report (C151)	Same-day	\$48.06	
	On-time	\$43.80	
	Late	\$32.86	
Specialist Report Fees NOTE: All Specialists’ invoices must be submitted using Form C568 within Electronic Injury Reporting.	WCB Fee		WCB Health Services Code
Consultation report	Same-day	\$96.68	RF01E
	On-time	\$88.13	
	Late	\$66.09	
Follow-up report	Same-day	\$48.06	RF03E
	On-time	\$43.80	
	Late	\$32.86	
Supplementary Report Fees	WCB Fee		WCB Health Services Code
Photocopy of chart – First page NOTE: Use CALL fields to enter the number of pages (e.g. a 10- page chart would be billed as RF04, CALLS 10).	\$42.23 Additional pages: \$0.52/page		RF04
Summary of medical information without opinion			
General practitioner (first 30 minutes)	\$150.09		RF05
General practitioner (additional 15-minute increments)	\$58.39		
Specialist (first 30 minutes)	\$183.47		RF05
Specialist (additional 15-minute increments)	\$58.39		
Summary of medical information with opinion			
General practitioner (first 30 minutes)	\$175.11		RF06
General practitioner (additional 15-minute increments)	\$58.39		
Specialist (first 30 minutes)	\$225.13		RF06
Specialist (additional 15-minute increments)	\$58.39		
Copies of specified documents or reports from a chart are requested by the WCB and are part of a summary of medical	\$0.52/page		RF08

Relationships and Communication	WCB Fee	WCB Health Services Code
Telephone Consultation, Physician-WCB Physician or Physician- WCB Claim Owner, first 30 minutes	\$81.38	TCAMA
<ul style="list-style-type: none"> Additional 10 minute increment or major portion thereof 	\$27.11	
Recoveries Administrative Fee	WCB Fee	WCB Health Services Code
Administrative fee, billable once per reversal episode for payment reversal outside of the current calendar year.	\$250.00	RAF01

DEFINITIONS

“Business Day”: Monday through Friday from 12:00 a.m. to 11:59 p.m. Mountain Time (MT) each day (excluding New Year’s Day, Alberta Family Day, Good Friday, Victoria Monday, Canada Day, Labour Day, Thanksgiving Day, Christmas Day, August 1st Civic Holiday and Boxing Day).

“Examination date”: Day 0.

“Received by WCB”: The date the information is received (and automatically timestamped) by WCB. Please note that this is not the date the physician completes the report or submits it to a vendor.

“Same-day report submission”: The report is received by WCB on the same date as the completed examination, which includes up to 10:00 a.m. Mountain Time (MT) the following Business day;

“On-time report submission”: The time when WCB receives a report. This does not refer to the time when submitted by a general practitioner or specialist.

“GP first report”: The report is received within three (3) business days from the date of the completed examination up until 10:00 a.m. Mountain Time (MT) on the fourth (4th) business day following the completed examination.

“GP progress report”: The report is received within four (4) business days from the date of the completed examination up until 10:00 a.m. Mountain Time (MT) on the fifth (5th) business day following the completed examination.

“Specialist consultation report” and “Specialist follow-up report”: The report is received within four (4) business days from the date of the completed examination up until 10:00 a.m. Mountain Time (MT) on the fifth (5th) business day following the completed examination.

“Late report submission”: The report is received by WCB any time after the designated on-time report submissions.

Expedited Consultation	WCB Fee	WCB Health Services Code
Report received within 15 Business Days from referral.	\$375.26	RF02
Report received within 16 - 25 Business Days from referral.	\$125.10	RF09
Expedited Surgery	WCB Fee	WCB Health Services Code
Surgery completed within 15 Business Days from date of consult.		
• Surgeon	\$502.08	ES01A
• Anaesthetist	\$344.85	ES02A
• Surgical Assistant	\$187.60	ES03A
Surgery completed within 16 - 25 Business Days from date of consult.		
• Surgeon	\$159.76	ES04
• Anaesthetist	\$106.49	ES05
• Surgical Assistant	\$53.27	ES06

Specialist Consults (Not affiliated with VSCs)	WCB Fee	WCB Health Services Code
Initial consult	As per AH SOMB	03.08A
Initial consult no show/ cancellation	Fee will match AH 03.08A fee	COM01N
Notification of cancellation with 3 Business Days' or less from date of consult		
Follow-up consult	As per AH SOMB	03.03A
Follow up consult no show/ cancellation	Fee will match AH 03.03A fee	COM02N
Notification of cancellation with 3 Business Days' or less from date of consult		

EXPEDITED SERVICES

There are two time frames for expedited services:

- a) Within 15 Business Days (full expedited services fee apply).
- b) Between 16 – 25 Business Days (pro-rated expedited services fee apply). Services will only be considered expedited when:

- a) For initial consultations, the report is received by the WCB within the above number of Business Days following receipt of the referral letter.
- b) For surgeries, the surgery is completed within the above number of Business Days following the day the decision is made to proceed with the surgery.

If a delay is imminent or anticipated due to outstanding investigations regarding the same worker, the specialist will advise the HCC who may, at their discretion, extend the period or periods referred to above. If the specialist fails to complete expedited consultation or expedited surgery and provide WCB with a report within the time frames stated above, an expedited services fees will not be payable. The periods of time to complete expedited services will not be extended due to office closures or specialist unavailability.

SEE CODES & FEES ON THE FOLLOWING PAGE

Anaesthetist Fee for Orthopedic Procedures

(When surgery performed by a WCB-contracted orthopaedic surgeon)

WCB Code	Equivalent AH Code	Description	WCB Fee
OP01	93.83C	Posterior shoulder instability repair NOTE: May not be claimed in association with 93.83D or 95.65B	\$552.09
	93.83D	Bankart repair or capsular shift for anterior instability	
OP02	95.91C	Subacromial decompression including bursectomy NOTE: May not be billed in association with 95.65B	\$218.40
OP08A	93.09D	Instrumentation of dorsolumbar and cervical spine with or without fusion — posterior, 2 vertebrae	\$873.59
OP09	92.32B	Arthroscopy knee including meniscectomy	\$331.25
OP10	16.09P	Anterolateral or posterolateral decompression of spine — not simple discectomy or laminectomy	\$1105.82
OP11	93.45A	Anterior cruciate ligament reconstruction with bone — patellar tendon graft	\$699.32
OP17	93.41A	Total knee arthroplasty including hemiarthroplasty	\$882.78
	93.59A	Total hip arthroplasty	
OP18	93.83H	Rotator cuff repair including tendon transfer	\$368.07
OP22	93.11A	Ankle fusion	\$423.57
OP23	93.12A	Single hind foot joint fusion or syndesmosis fusion	\$405.96
OP27	93.49B	Reconstruction ligament(s) ankle — late repair, more than 14 days	\$441.66
OP28	89.22B	Wedge osteotomy ulna	\$294.45
OP29	93.25	Arthrodesis — carporadial fusion	\$404.88
OP30	93.28	Interphalangeal fusion — arthrodesis or tenodesis	\$220.84
OP31	90.6 F	Removal of hardware, excluding external fixator devices, first full 30 minutes of major portion thereof for the first call when only one call is claimed	\$220.84
OP32	98.11C	Debridement of wound or infected tissue (over 64 total square cm)	\$441.66
OP33	92.31R	Artificial disc replacement, cervical disc	\$1325.04



WCB VISITING SPECIALIST CLINIC (VSC) PHYSICIAN FEE SCHEDULE

Visiting Specialist Clinic	Service Code	Fee
Non back – first consult	VS01	\$559.17
Non back – follow-up consult	VS02	\$186.92
Back – first consult	VS03	\$639.03
Back – follow-up consult	VS04	\$319.53
Non back – first consult no show/cancellation with 3 Business Days or less from the date of consult	VS01N	\$559.17
Non back – follow-up consult no show/cancellation with 3 Business Days or less from the date of consult	VS02N	\$186.92
Back – first consult no show/cancellation with 3 Business Days or less from the date of consult	VS03N	\$639.03
Back – follow-up Consult no show/cancellation with 3 Business Days or less from the date of consult	VS04N	\$319.53

VSC Surgery	Service Code	Fee
Surgery completed within 15 Business Days from date of consult		
Surgeon	ES01	\$479.28
Anaesthetist	ES02	\$319.53
Surgical assistant	ES03	\$159.76
Surgery completed within 16 – 25 Business Days from date of consult		
Surgeon	ES04	\$159.76
Anaesthetist	ES05	\$106.49
Surgical assistant	ES06	\$53.27
No-shows/cancellations with less than 3 Business Days' notice (NOTE: Payable only if surgery was the result of a VSC referral)		
Surgery was to be completed within 15 Business Days from date of consult		
Surgeon	ES01N	\$479.28
Anaesthetist	ES02N	\$319.53
Surgical assistant	ES03N	\$159.76
Surgery was to be completed within 16 - 25 Business Days from date of consult		
Surgeon	ES04N	\$159.76
Anaesthetist	ES05N	\$106.49
Surgical assistant	ES06N	\$53.27

APPENDIX “B” CLASSIFICATION OF WORK CAPABILITIES

Limited work - Exerting up to 5 kg (11 lbs) of force.

Example: An occupation where the Worker sits most of the time, and only walks or stands for brief periods.

Light work - Exerting up to 10 kg (22 lbs) of force.

Example: Walking or standing to a significant degree, or sitting constantly but with arm and/or leg controls with exertion of force greater than limited.

Medium work - Exerting up to 20 kg (44 lbs) of force.

Heavy work - Exerting over 20 kg (44 lbs) of force.

Frequency:

Never - 0% of the day

Occasional - 1-33% of the day (includes the frequency of "rare" which is 1-5% of the day).

Frequent - 34-66% of the day

Constant - 67-100% of the day.

Reference: National Occupational Classification Career Handbook (NOC-CH).