



**Notice of Fees and Disbursements
for Physical Therapy Services under the Insurance Act
from the Office of the Alberta Superintendent of Insurance**

effective June 1, 2013

Information Bulletin 04/2013

**NOTICE OF FEES AND DISBURSEMENTS FOR PHYSICAL THERAPY SERVICES
RELATED TO THE AUTOMOBILE ACCIDENT INSURANCE BENEFITS REGULATION
AND THE DIAGNOSTIC AND TREATMENT PROTOCOLS REGULATION**

The following amounts are the maximum fees and disbursements to be payable by clients (insured persons) or insurance companies for the preparation, completion and submission of the respective forms or the performance of the respective Physical Therapy services described below. These amounts apply to all Physical Therapists that are registered members of the College of Physical Therapists of Alberta.

Dated at Edmonton this 1st Day of June, 2013.

Mark Prefontaine,
Superintendent of Insurance

	Diagnosis and Treatment Protocol Fees	Fees
1.	Amount payable for completion of an assessment of the client (insured person) <ul style="list-style-type: none">• This amount does not include fees payable under paragraphs 7, 8 and 9 below.	\$117.00
2.	Amount payable for completion of form AB-2, Treatment Plan	\$50.00
3.	Amount payable for completion of form AB-3, Progress Report Fee	\$40.00
4.	Amount payable for completion of form AB-4, Concluding Report	\$40.00
5.	Amount payable for completion of form AB-5, Referral Form	\$50.00

Diagnosis and Treatment Protocol Fees cont'd		Fees
<p>6. Amount payable for completion of an Injury Management Consultant Report</p> <ul style="list-style-type: none"> • This amount includes fees for up to one-hour of an Injury Management Consultant's time. • If the time taken by an Injury Management Consultant to complete all aspects of this service, including an assessment, is expected to exceed or exceeds one-hour, the physical therapist may seek authorization to spend additional time from the appropriate insurance company. • This amount does not include any fees payable under paragraphs 8 and 9 below. 		\$233.00
<p>7. Amount payable for a treatment visit</p> <ul style="list-style-type: none"> • This amount applies to all treatment visits authorized by the Diagnostic and Treatment Protocols Regulation. • If treatment is authorized within the Diagnostic and Treatment Protocols Regulation for a WAD I injury, a first degree or second degree sprain or strain, then the amount payable for the first three (3) treatment visits, including supportive care, shall be \$83 per treatment visit. • If treatment is authorized within the Diagnostic and Treatment Protocols Regulation for a WAD II injury or a third degree sprain or strain, then the amount payable for the first seven (7) treatment visits, including supportive care, shall be \$83 per treatment visit. <ul style="list-style-type: none"> • The first treatment visit may occur on the same day as the assessment. 		\$41.00
<p>8. If diagnostic imaging services are required, the amount payable shall not exceed the amount set out in the Schedule of Medical Benefits pursuant to the <i>Alberta Health Care Insurance Act</i>. The Schedule of Medical Benefits can be found at www.health.ab.ca by searching schedule of medical benefits.</p>		
<p>9. If full or partial copies of health records of the client (insured person) are required, the amount shall not exceed the amount established by the Health Information Regulation pursuant to the <i>Health Information Act</i>.</p>		

10.

Diagnosis and Treatment Protocol Fees cont'd	Fees
<p data-bbox="310 275 769 306">Necessary Supplies and Service</p> <ul data-bbox="289 327 1211 1083" style="list-style-type: none"><li data-bbox="289 327 1211 512">• If the client (insured person) is being treated within the Diagnostic and Treatment Protocols Regulation, the physical therapist may invoice the insurance company directly for necessary supplies and services (e.g., exercise balls, tensor bandages, cold packs, etc.).<li data-bbox="289 533 1211 680">• If the client (insured person) is being treated outside the Diagnostic and Treatment Protocols Regulation the physical therapist shall bill the client (insured person) unless authorized by the insurance company.<li data-bbox="289 701 1211 1083">• The physical therapist shall first obtain approval from the insurance company for reimbursement of necessary supplies and services if the total amount billed is expected to be greater than:<ul data-bbox="326 863 1211 1083" style="list-style-type: none"><li data-bbox="326 863 1211 894">• \$160 for WAD II and Third Degree sprain or strain injuries;<li data-bbox="326 915 1211 947">• \$120 for WAD I injuries;<li data-bbox="326 968 1211 999">• \$60 for First and Second Degree Sprain or Strain injuries; or,<li data-bbox="326 1020 1211 1083">• \$160 for all sprains, strains or WAD I or II injuries of the client (insured person).	