

NOTICE NUMBER:	06-2015
TITLE:	NOTICE OF FEES AND DISBURSEMENTS FOR CHIROPRACTIC SERVICES UNDER THE <i>INSURANCE ACT</i>
DATE:	December 22, 2015

NOTE: This Bulletin will be effective on February 1, 2016, and is applicable to collisions occurring **on or after February 1, 2016**. [Bulletin 05-2013](#) still applies to collisions occurring on or before January 31, 2016.

PURPOSE

The purpose of this Bulletin is to advise of changes to the maximum treatment visit fee for chiropractic services provided under the Diagnostic and Treatment Protocols Regulation (DTPR) under the *Insurance Act*.

This Bulletin applies to collisions occurring on or after February 1, 2016. For collisions occurring on or before January 31, 2016, please refer to [Bulletin 05-2013](#).

NEW FEE SCHEDULE FOR CHIROPRACTORS

Under section 5(1) of the DTPR, the Superintendent of Insurance has the authority to prescribe fees and disbursements for services provided under the DTPR.

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

Please note that the only change is to item 7, Amount payable for a treatment visit under the DTPR.

	Service under the DTPR	Fees
1.	Amount payable for completion of an assessment of the patient (insured person) <ul style="list-style-type: none"> This amount does not include fees payable under items 7, 8, and 9 below. 	\$117.00
2.	Amount payable for completion of form AB-2, Treatment Plan	\$50.00

	Service under the DTPR	Fees
3.	Amount payable for completion of form AB-3, Progress Report	\$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 to an Injury Management Consultant	\$50.00
6.	<p>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 chiropractor may seek authorization to spend additional time from the appropriate insurance company. This amount does not include any fees payable under items 8 and 9 below. 	\$233.00
7.	<p>Amount payable for a treatment visit</p> <ul style="list-style-type: none"> This amount applies to all treatment visits authorized by the DTPR. The first treatment visit may occur on the same day as the assessment. <p><u>NEW</u></p> <ul style="list-style-type: none"> If treatment is authorized within the DTPR 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 \$83.00 per treatment visit. If treatment is authorized within the DTPR 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 \$83.00 per treatment visit. 	\$41.00
8.	<p>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 https://www.alberta.ca/fees-health-professionals.aspx.</p>	
9.	<p>If full or partial copies of health records of the patient (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.	<p>Necessary Supplies and Service</p> <ul style="list-style-type: none"> If the patient (insured person) is being treated within the DTPR, the chiropractor may invoice the insurance company directly for necessary supplies and services (e.g., exercise balls, tensor bandages, cold packs, etc.). If the patient (insured person) is being treated outside the DTPR, the chiropractor shall bill the client (insured person) unless 	

	Service under the DTPR	Fees
	<p>authorized by the insurance company.</p> <ul style="list-style-type: none"> • The chiropractor 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 style="list-style-type: none"> - \$160 for WAD II and Third Degree sprain or strain injuries; - \$120 for WAD I injuries; - \$60 for First and Second Degree Sprain or Strain injuries; or, - \$160 for all sprains, strains or WAD I or II injuries of the patient (insured person). 	

If you have questions regarding this Bulletin, please contact our office, either by e-mail at TBF.insurance@gov.ab.ca, or by phone at (780) 427-8322 (toll-free in Alberta by first dialing 310-0000).

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