



# 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, 2008

## Information Bulletin 03/08

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

Effective June 1, 2008 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 15th Day of May, 2008.

Dennis Gartner,  
Superintendent of Insurance

## Diagnosis and Treatment Protocol Fees

	Fee
<b>1</b> Amount payable for completion of an assessment of the client (insured person) <ul style="list-style-type: none"><li>This amount does not include fees payable under paragraphs 7, 8 and 9 below.</li></ul>	<b>\$109.00</b>
<b>2</b> Amount payable for completion of form AB-2, Treatment Plan	<b>\$50.00</b>
<b>3</b> Amount payable for completion of form AB-3, Progress Report	<b>\$40.00</b>
<b>4</b> Amount payable for completion of form AB-4, Concluding Report	<b>\$40.00</b>
<b>5</b> Amount payable for completion of form AB-5, Referral Form	<b>\$50.00</b>

		<b>Fee</b>
<b>6</b>	<p><b>Amount payable for completion of an Injury Management Consultant Report</b></p> <ul style="list-style-type: none"> <li>This amount includes fees for up to one-hour of an Injury Management Consultant's time</li> <li>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.</li> <li>This amount does not include any fees payable under paragraphs 8 and 9 below.</li> </ul>	<b>\$217.50</b>
<b>7</b>	<p><b>Amount payable for a treatment visit</b></p> <ul style="list-style-type: none"> <li>This amount applies to all treatment visits authorized by the Diagnostic and Treatment Protocols Regulation</li> <li>If treatment is authorized within the diagnostic and treatment protocols 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 \$77 per treatment visit.</li> <li>If treatment is authorized within the diagnostic and treatment protocols 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 \$77 per treatment visit.</li> <li>The first treatment visit may occur on the same day as the assessment.</li> </ul>	<b>\$38.50</b>
<b>8</b>	<p>If diagnostic imaging services are required, the amount payable shall not exceed the amount set out in the Schedule of Medical Benefits (January 1, 2008) pursuant to the Alberta Health Care Insurance Act.</p>	
<b>9</b>	<p>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 Health Information Act.</p>	
<b>10</b>	<p><b>Necessary Supplies and Service</b></p> <ul style="list-style-type: none"> <li>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> <li>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> <li>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 style="list-style-type: none"> <li>\$160 for WAD II and Third Degree sprain or strain injuries,</li> <li>\$120 for WAD I injuries,</li> <li>\$60 for First and Second Degree Sprain or Strain injuries,</li> <li>or \$160 for all sprains, strains or WAD I or II injuries of the client (insured person).</li> </ul> </li> </ul>	

These Information Bulletins are provided under the authority of the Insurance Act and relevant regulations. They provide the latest information on changes to the process and requirements for diagnosing, treating, and making claims under the new auto insurance regulations. This information is subject to change and if there is any inconsistency between this interpretive bulletin and the *Insurance Act, Diagnostic and Treatment Protocols Regulation and/or the Automobile Accident Insurance Benefits Regulation*, the latter Act and Regulations prevails.

If you have questions about the changes noted in this Information Bulletin, please contact your professional association. If you require further information, please contact the Office of the Superintendent of Insurance by e-mail: [insurance@gov.ab.ca](mailto:insurance@gov.ab.ca) or by phone: (780) 427-8322. If calling from outside of Edmonton, call 310-0000 and ask to be connected to (780) 427-8322.