



Chiropractor Practice Standards for WCB Service Providers

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Intent

This document sets out the accreditation standards, and service provider guidelines for chiropractors providing services to WCB customers.

Introduction

The Chiropractors' Association of Saskatchewan (CAS) and the Workers' Compensation Board (WCB) developed and agreed to this document. The CAS or WCB can dissolve this agreement with appropriate notice.

Professional Affiliation and WCB Accreditation Requirements

All chiropractors providing services to WCB customers will be members in good standing of the CAS. Chiropractors will comply with:

- Chiropractor practice standards for WCB service providers which may be amended with input of the CAS during the term of this agreement.
- Primary chiropractic and physical therapy soft tissue treatment guidelines.
- Service fees and fee codes for Saskatchewan Workers' Compensation Board primary chiropractic service providers.
- The ethical requirements of the CAS.
- *The Workers' Compensation Act, 2013.*
- *The Chiropractic Act, 1994,* and
- CAS bylaws.
- All chiropractors who have not already done so will view the two-part webinar on management of WCB customers featured on the WCB website www.wcbask.com as part of their orientation and employment.

All members of the CAS are accredited by the WCB and will get a billing number from the Ministry of Health.

By providing care to WCB customers, chiropractors intuitively indicate their:

- Understanding of this agreement.
- Willingness to comply with this agreement, and
- Intent to maintain WCB accreditation.

The WCB will revoke a chiropractor's accreditation and delete their billing number if the chiropractor:

- Does not want to provide services to WCB customers (these chiropractors should tell the WCB immediately).
- Does not comply with chiropractor practice standards for WCB service providers and/or the primary chiropractic and physical therapy soft tissue treatment guidelines.

If the WCB revokes a chiropractor's accreditation, the WCB will give the chiropractor and the CAS notice within 30 days.

CAS members that are not accredited by the WCB (by choice or WCB decision) will redirect WCB customers to accredited providers.

If a chiropractor is non-compliant with these standards and guidelines, or is providing care that is not helpful in returning a WCB customer to work, Medical and Health Care Services may:

- Make the chiropractor aware of the issues.
- Identify how those issues will be resolved and measured, and
- Set a timeline for a resolution.

Chiropractors not willing to address issues identified by the chiropractic consultant may have their WCB accreditation discontinued on a temporary or permanent basis.

To maintain independence and objectivity, chiropractors must not lobby on behalf of any worker or employer for other WCB benefits (e.g., earnings loss, vocational rehabilitation).

Chiropractors that enter into agreements with employers for the treatment of workers for work-related injuries or have received employer-based referral or employer-funded work assignment within the past year will ensure the worker's written consents to treatment acknowledges both that relationship and that the worker is aware he or she may choose another provider.

Chiropractors that contravene this agreement may be subject to disciplinary actions initiated by the:

- CAS, or
- WCB.

Disciplinary actions related to maintaining a CAS member's WCB accreditation for:

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- Abnormal billing, or
 - Quality assurance reviews
- will be at the discretion of the WCB.

If the CAS terminates or suspends a member's licence, or if a member's licence becomes conditional due to professional misconduct or incompetence, the CAS must tell the WCB within seven days.

Practice Standards

Assessment guidelines

Chiropractic assessments of injured workers should include:

- Thorough reviews of case history.
- Reviews of past medical history specific to the area of injury.
- Physical examinations.
- Diagnoses.
- Appropriate investigations.
- Detailed management and treatment of the injury.
- Identification of risk factors for chronic disability.

Chiropractors will provide enough time to ensure work-related injuries are efficiently and effectively managed in accordance with the primary chiropractic and physical therapy soft tissue treatment guidelines.

Management guidelines

Visit service means all examinations and treatments provided for the injured worker during each calendar day. Unless specifically identified as an additional service with an additional payment in the fee schedule, the WCB will pay for one treatment visit per day.

a. Initial visit:

The following usually constitutes an initial visit:

- A detailed customer history including documenting past medical history to the area or region of injury.
- Physical examination.

- Ordering and recommending appropriate radiological and laboratory tests to confirm diagnosis.
- Diagnosis.
- Developing and implementing a management and treatment plan.
- Prognosis and timeline for treatment.
- Identifying potential risks for chronic disability.
- Complete record of the visit, including any reasons for deviation from this standard.

The WCB encourages the use of functional outcome measures by:

- Including a field for functional outcome measure scores on WCB reporting forms, and
- Paying higher fees for reports that include this information.

b. Subsequent visit:

A chiropractic visit will include necessary injury management and advice to facilitate a timely recovery and return-to-work. Management, advice and treatments/interventions will promote the normal progression of the stages of soft tissue healing. This may include:

- Advising the injured worker on early activity and an active lifestyle,
- Home and work injury management advice,
- Home rehabilitative exercises and activities, and
- A progressive transitional return-to-work plan during the recovery period.

Four weeks post injury; the chiropractor may add clinic supervised:

- Aerobic conditioning
- Global conditioning, or
- Functional conditioning

If transitional return-to-work is not expected to help the worker progress to full work duties. The WCB will only fund one subsequent visit per visit day. Other interventions after the initial four weeks (e.g., supervised conditioning) code 410 can be billed appropriately as deemed necessary. Education shall be provided to all injured workers.

If the worker sustained a soft tissue injury, the chiropractor will adhere to the primary chiropractic and physical therapy soft tissue treatment guidelines.

Adjunctive physical procedures include the following and are included in the office visit fee:

- Therapeutic ultrasound.

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- Muscle stimulation.
 - Interferential current therapy.
 - Short wave diathermy.
 - Transcutaneous electrical nerve stimulation (TENS).
 - Microelectrical neuromuscular stimulation (MENS).
 - Exercise and nutritional advice.
 - Support procedures (i.e., orthotics).
 - First aid advice and emergency procedures.
 - Consultation and indicated referral, and
 - Complete record of visit.
 - Acupuncture, where the chiropractor meets the minimum requirements of the CAS to administer this procedure.
 - Low level laser.
 - Low energy extra corporeal therapy.

Modalities are discouraged, but where necessary will not be billed independent of other therapeutic interventions and will be suitable to the stage of tissue healing specific to the worker. WCB supports a functional model of care and chiropractic management of the worker should incorporate an active approach to treatment. A single modality treatment for injured workers will not be funded. A treatment consists of the application of one or more of the techniques and procedures listed above. A treatment may be a separate entity or may be included in the consultative process. When a treatment is a separate entity, as in a subsequent visit, it must also include a:

- Review of subjective symptoms.
- Re-evaluation of objective signs, and
- Recording of the customer's assessment and progress.

c. Minimum requirements for charts and record keeping in Saskatchewan:

Chiropractors will make a record of each visit. The record will include:

- Date.
- Subjective symptoms.
- Objective findings, both positive and negative.
- Areas to be (or not to be) treated or manipulated.

- Recommendations for future care (management plan).
- Missed or cancelled appointments.
- Telephone calls, and
- Copies of all letters, x-ray and diagnostic reports.

d. Identifying the need for re-assessment:

Chiropractors will reassess:

- New conditions after four to six weeks of treatment, and
- Chronic conditions after six to eight weeks of concentrated treatment.

The WCB may revise the assessment/treatment and reporting forms protocol during the term of this contract. If this happens, the WCB will notify the CAS.

Chiropractors will ask for a WCB multidisciplinary assessment team review if recovery becomes prolonged.

Facility

The chiropractic treatment centre must abide by the CAS clinical office space standards and have adequate space, facilities and equipment to fulfill the needs required to manage WCB customers.

Continuing Education

All chiropractors must obtain the recommended continuing education hours for licensure by the CAS. Chiropractors will also be encouraged to participate in continuing education programs sponsored by the CAS and the WCB.

Record Keeping and Reporting

In-clinic chart:

Each clinic will keep written records for each customer. Written records will include the:

- Date.
- Subjective symptoms.
- Objective findings, both positive and negative.
- Areas to be (or not to be) treated or manipulated.
- Recommendations for future care (management plan).

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- Missed or cancelled appointments.
 - Telephone calls, and
 - Copies of all letters, x-ray and diagnostic reports.

Where an injured worker requests a copy of the customer chart, the chiropractor will provide those reports and clinic notes which he or she generated. Reports from other care providers or the WCB are not provided and the injured worker is advised that these remaining reports should be requested from the source, i.e. the care provider and/or the WCB.

Duty to Report Work Injury

Section 55 of *The Workers Compensation Act, 2013* states:

Any health care professional who attends to or is consulted with respect to an injury to a worker shall:

- (a) furnish the board with any reports respective to the examination or treatment of the worker that are relevant to the injury for which compensation is claimed;
- (b) give all reasonable and necessary information, advice and assistance to the injured worker or the worker's dependants in making an application for compensation; and furnish any certificates and proofs that the board may require.

Chiropractors will report injuries by sending chiropractor's initial report (CHI) forms to the WCB. Chiropractors will tell WCB customers to report their injuries:

- By telefile (1-800-787-9288)
- Online at www.wcbask.com, or
- By completing a workers' report of Injury form (this form can be attached to the chiropractor's reports).

WCB Reporting Forms

a. Chiropractor's initial report (CHI) form:

Chiropractors will send CHI forms to the WCB within three days of the initial assessment. The WCB will pay for the:

- Intake assessment,
- Initial report, and
- Subsequent treatment to the date of the WCB letter advising of non-coverage to a maximum of six treatments.

Until the WCB advises of non-coverage, other insurers, and/or the worker will not be billed for any treatment or portion of treatment.

b. Chiropractor's progress/discharge report (CHP) form:

Chiropractors will send the CHP forms to the WCB:

- After the first six treatments/interventions, and
- Prior to each subsequent block of six subsequent treatments/interventions.

CHP forms will include:

- Present complaints related to the work injury where a worker has not received treatment from the provider for more than 30 days (the chiropractor should re-submit the above forms to confirm funding),
- Impact of pre-existing and non-compensable factors delaying recovery, including areas of treatment,
- Subjective and objective physical findings (especially positive neurological finding that confirms the chiropractor's diagnosis),
- Diagnostic reports and findings,
- Management program,
- Duration and timeline for further treatment,
- Transitional work,
- Factors that may delay recovery,
- Functional outcome scores,
- Suggestion regarding referral to assessment team (i.e., secondary, tertiary) where appropriate, and
- Comments.

In all cases, the chiropractor will provide full and accurate information regarding the customer's progress towards recovery and the impact of non-compensable factors.

The chiropractor must submit another CHP form if continued care is required after the first six treatments/interventions. The chiropractor can continue care, unless otherwise directed by the WCB. The WCB may refuse to fund the additional treatments if the subsequent CHP form is not sent to the WCB.

Chiropractors can report online or fax CHP forms to:

- (306)787-4311, or
- 1-800-844-7773.

When a WCB customer requests further treatment, but has not attended treatment for more than 30 days, or has received secondary or tertiary treatment for the work injury for which treatment is sought, the WCB will fund an initial assessment and initial assessment report. WCB will develop a specific Initial Assessment form for this recurrent treatment scenario. Chiropractors will then await approval for further treatment once this form has been submitted

c. Discharge report (CHP) form:

Chiropractors will send discharge summaries within seven days of discharge.

The CAS will support electronic communication initiatives for reporting and invoicing as these are developed. The WCB will allow the CAS adequate consultation, input and lead time for implementation of changes.

Confidentiality Requirements

All health-related and personal information received during the course of treatment of a WCB customer will be treated in a confidential manner, and no information will be revealed to any person or party other than those persons to whom reports are to be made or to such other persons as may, from time to time, be designated by the WCB. Information pertaining to functional ability may be provided to the employer for the purposes of establishing a return-to-work arrangement.

Fees for Service

Section 103(1) of *The Workers' Compensation Act, 2013* states:

Every worker who is entitled to compensation or who is disabled only on the day of the injury is entitled without charge to:

- (a) any medical aid that may be necessary as a result of the injury;
- (b) any other treatment by a health care professional.

Chiropractors will direct bill the WCB for services unless the WCB provides written notification that funding will not be provided.

If functional outcome measures are not included in the PCP report, the WCB will pay a lesser fee. During the course of this agreement, the WCB and CAS can agree to update:

- The authorization process, and
- Reporting forms.

Return-to-Work

The main goal of the WCB is to return workers to appropriate work and health. The WCB believes, and professional literature supports, that many workers benefit from an early return-to-work. A worker may be ready for some other form of work before they are ready for a return-to-work at the pre-injury job. This alternate work is referred to as “transitional work,” and the return to these alternate duties is called “transitional return-to-work.” With recent legislation requiring the accommodation of workers with disabilities and injuries, the emphasis on transitional and alternate duties has accelerated. Many workplaces now have personnel who work specifically with workers needing to return-to-work in a gradual fashion. The WCB wishes to utilize these resources to support and encourage the recovery of workers.

Although several care providers may be treating the worker, the chiropractor will ensure that return-to-work planning occurs. If the chiropractor is not the primary care provider, the chiropractor may contact the primary care provider and arrange to manage the return-to-work process.

Chiropractors will advise the employer and WCB of the worker’s current restrictions and abilities and the RTW plan, if any, within one or two treatments via the initial report and/or the practitioner return to work (PRTW) form

If the chiropractor is the primary care provider, the chiropractor must either manage the return-to-work process or delegate that responsibility to either a physical therapist or a physician who is co-treating the worker. To assist with the return-to-work process, chiropractors must provide comments on the worker’s functional ability in the initial and progress reports.

The chiropractor will notify the following of the worker’s ongoing restrictions and abilities until full return-to-work is achieved:

- Worker,
- Employer, and
- The WCB

If the worker is not making appropriate progress toward returning to work, the chiropractor or the WCB care manager will ask the WCB to arrange an assessment team review.

Information regarding this contact will be relayed to the WCB.