# WCB-AMA Physician Services Compensation Amending Agreement ("Amending Agreement")

### BETWEEN:

## THE WORKERS' COMPENSATION BOARD

A Corporation Continued pursuant to the provisions of s. 2(1) of the Workers' Compensation Act, RSA 2000 c. W-15

And Amendments Thereto ("the WCB")

and –

# THE ALBERTA MEDICAL ASSOCIATION (CMA ALBERTA DIVISION)

A Society Incorporated Pursuant to the Provisions of The Societies Act of Alberta, s. S-18, RSA 2000 And Amendments Thereto ("the AMA")

WHEREAS the WCB and the AMA entered into an agreement effective October 1<sup>st</sup>, 2014 regarding the medical treatment of Workers, reporting to the WCB, the remuneration of Physicians for clinical services and reporting and various other matters relating to the ongoing relationship ("the Agreement");

AND WHEREAS the parties to the Agreement recognize the need to amend the Agreement to correct errors in certain WCB Health Service Codes, as well as the treatment of Anesthetists providing medical services in conjunction with certain procedures performed by WCB Contracted Orthopedic Surgeons;

#### IT IS HEREBY AGREED:

- 1. In Appendix "A" to the Agreement, the VSC surgery fee, being WCB Health Services Code ES01, shall be amended from \$516.30 to \$423.37;
- 2. In Appendix "A" to the Agreement, the VSC surgery fee, being WCB Health Services Code the ES04 shall be amended from \$172.10 to 141.12;
- 3. In Section 2.0 of the Agreement, the definition of "OP Code" shall be deleted and replaced with the following:



"OP Code" means those procedures identified in Appendix A and corresponding fees that are payable to the anesthetist when a surgical procedure is performed by a WCB Contracted Orthopedic Surgeon in a WCB contracted VSC.

4. In Schedule "B" to the Agreement, Example 1 in section 4 under the heading "REPORT, EXPEDITED SEVICES, OP CODE, AND FREQUENT PROCEDURE (FP) CODE FEES", is deleted and replaced with the following:

Example 1:

OP02 with a rate of \$212.68 is made up of the equivalent SOMB Code (95.91 C) at \$107.37 plus a premium of 98.08%. The % is a fixed amount that applies to the calculation of all OP Codes. If the equivalent SOMB code increases by 2% to \$109.52, the 98.08% premium will be applied making the new OP02 fee \$216.93.

- 5. In Appendix "A" to the Agreement, the table titled "ANAESTHETIST FEE FOR ORTHOPAEDIC <u>PROCEDURES</u>" shall be deleted and replaced with the table attached hereto as Table 1.
- 6. For any Anesthetists' procedures performed on or prior to October 31, 2015, the rate shall be the higher of the rate payable pursuant to this Amending Agreement and the Agreement.

In all other respects the provisions of the Agreement continue to be in force effective October 1<sup>st</sup>, 2014.

SIGNED at the City of Edmonton, in the Province of Alberta this 27" day of October , 2015.

THE WORKERS' COMPENSATION BOARD

Per: President and Chief Executive Officer

ALBERTA MEDICAL ASSOCIATION

**Executive Director** 

# ANAESTHETIST FEE FOR ORTHOPAEDIC PROCEDURES (WHEN SURGERY PERFORMED BY A 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	\$541.89	
	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.	\$214.36	
OP08A	93.09D	Instrumentation of spine following decompression	\$857.43	
OP08B	93.09F	Instrumentation of spine following excision of spinal or paraspinal tumor	\$975.39	
OP08C	93.05D	Instrumentation with or without fusion, posterior, 2 vertebrae	\$722.52	
OP08D	93.05E	Instrumentation with or without fusion, posterior, 3 vertebrae	\$1357.62	
OP08E	93.09G	Instrumentation with or without fusion, posterior, 4 vertebrae	\$1119.90	
OP09	92.32B	Arthroscopy knee, including menisectomy	\$325.13	
OP10	16.09P	Posterior, lateral or anterior decompression of spinal canal	\$1085.36	
OP11	93.45A	Anterior cruciate ligament reconstruction	\$686.39	
OP17	93.41A	Total knee arthroplasty, including hemiarthroplasty	\$866.44	
	93.59A	Total hip arthroplasty		
OP18	93.83H	Rotator cuff report including tendon transfer	\$361.26	
OP 22	93.11A	Ankle Fusion	\$415.75	
OP23	93.12A	Single Hindfoot Joint Fusion	\$398.44	
OP24	93.12B	Double Hindfoot Joint Fusion	\$485.06	
OP26	93.49A	Ankle Ligament Reconstruction < 14 days	\$311.82	
OP27	93.49B	Ankle Ligament Reconstruction > 14 days	\$433.50	
OP28	89.22B	Wedge Osteotomy Ulna	\$289.00	
OP29	93.25	Arthrodesis – Carporadial fusion	\$397.39	
OP30	93.28	Interpalangeal fusion – arthrodesis or tenodesis	\$216.76	



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