

Section	Policy
40	44.120.10

Section Title: Benefits Administration - *Medical Aid*
Subject: Medical Aid
Effective Date: For decisions on or after July 1, 2024

A. POLICY PURPOSE

Section 27 of *The Workers Compensation Act* (the Act) authorizes the Workers Compensation Board ("WCB" or "board") to fund such medical aid as the board considers necessary to cure or provide relief from an injury resulting from an accident. This policy defines key terms and sets out general principles regarding a worker's entitlement to medical aid. This policy uses the term health care services interchangeably with medical aid. The Schedules to this policy provide additional detail concerning funding for:

- drugs and medications (Schedule A);
- medical devices and appliances (Schedule B);
- non-traditional treatments (Schedule C);
- travel and emergency expenditures (Schedule D);
- appliances damaged or lost as a result of an accident (Schedule E)
- elective surgical procedures (Schedule F); and
- fees for medical reports (Schedule G).

B. POLICY

1. Definitions

"**Medical aid**" is defined in the Act. It includes

- a) Transportation to a hospital or other place where medical care can be given;
- b) Services provided by a hospital or other health care facility;
- c) Treatment or services provided by a health care provider;
- d) Diagnostic services;
- e) Drugs, medical supplies, orthotics and prosthetics;
- f) Any other goods and services authorized by the board.

"**Health care provider**" is defined in the Act and means a physician, nurse, dentist, chiropractor, occupational therapist, optometrist, physiotherapist, podiatrist, psychologist, or a member of any other health care profession or occupation recognized by the Board.

For the purpose of this policy, a "**recognized health care provider**" is a health care provider who is licensed to provide health care services in Manitoba or who the Board otherwise determines to be qualified to provide health care services. The Board generally recognizes health care professions and occupations that are governed by an Act of the provincial legislature, including nurse practitioners.

2. Principles

The general principles that govern the WCB's funding of medical aid are:

- The Board is responsible for the supervision and control of medical aid funded under the Act or this policy.

- The Board determines the appropriateness and necessity of medical aid provided to injured workers in respect of the compensable injury.
- In determining the appropriateness and necessity of medical aid, the Board considers:
 - Recommendations from recognized healthcare providers;
 - Current scientific evidence about the effectiveness and safety of prescribed/recommended healthcare goods and services;
 - Standards developed by the WCB Healthcare Department.
- The Board promotes timely and cost-effective access to medical aid.
- Workers are entitled to select their own health care provider, subject to the Board's control and supervision of medical aid.
- The Board's objectives in funding medical aid are to promote a safe and early recovery and return to work, enable activities of daily living, and eliminate or minimize the impacts of a worker's injuries.
- The WCB will give preference to funding medical aid that is available in Manitoba. The Board may fund medical aid outside Manitoba in exceptional circumstances, subject to Board pre-approval.
- The Board determines the fees or charges payable for all medical aid. The Board will not pay any cost in excess of what it considers reasonable for the service or good provided to a worker.
- The Board will recognize only those accounts for medical aid that are submitted within 12 months from the date the medical aid is provided to the injured worker.
- The Board will refuse or limit the funding of any medical aid it considers excessive, ineffective, inappropriate or harmful.

C. REFERENCES

The Workers Compensation Act, sections 1(1), 22, 27, 27(1.1), and 37

History:

1. Policy 44.120.10 established by Board Order 13/00 effective for all decisions on or after June 1, 2000. Board Order 13/00 rescinded the following policies effective June 1, 2000: 44.120, *Repair and Replacement of Damaged and Personal Appliances*; 44.120.130, *Medical Treatment Travel Costs*; 44.120.150, *Prosthetic Devices*; 44.120.180, *Swimming Therapy*; 44.110.100, *Emergency Expenditures*.
2. Policy amended by Board Order 12/2001 retroactive to June 1, 2000, to the transportation expense section of the Policy that clarifies that only those transportation costs that were over and above the normal pre-injury transportation costs would be reimbursed.
3. Minor formatting changes were made to the policy and the references section was updated June 27, 2012.
4. Policy amended by Board Order 43/18 effective January 1, 2019 to set out general principles governing medical aid and to address the Board's treatment of medically authorized cannabis as medical aid.
5. Minor formatting changes were made to the policy, August 2021.
6. In December 2022, the policy was updated to reflect the amendment and renumbering of section 27 by *The Workers Compensation Amendment Act* (commonly referred to as Bill 18).
7. Policy amended by Board Order No. 27/24 on June 20, 2024, effective July 1, 2024. The Board rescinded policies 42.10.10, *Elective Surgical Procedures* and 42.20.30, *Medical Reports* effective June 30, 2024 and replaced these with two new Schedules (F and G, respectively,) to the Medical Aid policy. Policies 42.20.20, *Out of Province Referrals for Clinical Examinations* and 42.20.40, *Neuroaugmentative Devices* were also rescinded by Board Order No. 27/24 effective June 30, 2024.

SCHEDULE A - MEDICATION

This Schedule sets out general principles regarding the WCB's funding of prescription and non-prescription medications.

The WCB may cover the costs of ingested or topically applied medications that are prescribed or recommended by a recognized healthcare provider if these products are listed in the Manitoba Drug Interchangeability Formulary.

Subject to the other provisions of this policy, the WCB may cover the costs of medications that are not listed in the Manitoba Drug Interchangeability Formulary, if prescribed or recommended by a recognized healthcare provider.

The WCB may refuse or limit the authorization of payment for prescription or non-prescription medications that are considered by the WCB to be inappropriate, ineffective, excessive or harmful, including those that may lead to dependency or addiction.

Subject to the other provision of this policy, the WCB may refuse or limit the funding of any medications it considers non-traditional, as described in Schedule C of this policy, Non Traditional Treatments.

SCHEDULE B - MEDICAL DEVICES AND APPLIANCES

This Schedule sets out general principles for the funding of medical devices and appliances to injured workers. The Board may provide funding for medical devices and appliances to injured workers on a short-term or long-term basis, as needed. Medical devices and appliances can include, but are not limited to: prosthetics, braces, dentures, hearing aids, eyeglasses or contact lenses, crutches, canes, wheelchairs and over-the-counter medical devices or appliances.

The WCB will fund medical devices and appliances if:

- 1) The medical device or appliance is prescribed or recommended by a recognized health care provider;
- 2) The need for the medical device and/or appliance is the result of a compensable injury;
- 3) The Board determines that the medical device and/or appliance will likely be or has been effective in the treatment or ongoing care of a compensable injury; and
- 4) The Board considers the cost of the medical device and/or appliance to be reasonable.

The Board will consider a medical device and/or appliance to be effective if:

- 1) It improves or maintains the worker's functional abilities, physical appearance or symmetry;
- 2) It improves the likelihood of a safe and timely return to work;
- 3) It minimizes the risk of further injury or aggravation of the original compensable injury.

The Board may establish schedules prescribing the maximum amounts payable for specific medical devices and/or appliances.

The injured worker is responsible for the care of the medical device and/or appliance. The Board may pay for repairs or replacement due to:

- normal wear and tear;
- damage from accidental causes; or
- changes in the physical condition of the worker or the fit of the medical device and/or appliance

The Board may determine the frequency of repairs or replacements over time.

SCHEDULE C - NON-TRADITIONAL TREATMENTS

This Schedule sets out the general principles regarding the WCB funding of non-traditional treatments.

For the purpose of this Schedule, non-traditional treatments are:

- Considered experimental; or
- Lack scientific validity to the extent required for widely-held acceptance in the Manitoba community of recognized health care providers;

The Board does not generally authorize payment of non-traditional treatments. On a case-by-case basis, payment for non-traditional treatments may be authorized when the Board determines that:

- 1) The non-traditional treatment will be used for a medical condition that results from a compensable injury;
- 2) Traditional treatments have not been, and will likely not be effective;
- 3) The prescribing or recommending health care professional has outlined the number of appointments and treatments required for the non-traditional therapy and the period of time over which the non-traditional treatment is required;
- 4) There is sufficient reliable scientific evidence to indicate that the prescribed or recommended, non-traditional treatment will promote a timely recovery and return to work, enable activities of daily living or eliminate or minimize the impacts of the worker's injuries;
- 5) There is sufficient reliable scientific evidence to indicate that the non-traditional treatment will be safe over the anticipated duration for which it is being prescribed or recommended;
- 6) The side-effects are widely known, well described in the scientific literature, and do not outweigh the potential for benefit in the particular case;
- 7) Standards have been developed and are in place for the safe use of the non-traditional treatment; and
- 8) The non-traditional treatment can be provided legally in Canada from a regulated source and is recommended or prescribed by a recognized health care provider.

SCHEDULE D - TRAVEL AND EMERGENCY EXPENDITURES

The purpose of this Schedule is to set out the general principles related to reimbursement of expenses incurred to attend compensable medical treatment.

1. The WCB may reimburse an injured worker's reasonable expenses related to receiving compensable medical treatment such as wage loss, travel, accommodations, meals, child care and reasonable telephone charges.
2. The WCB will generally reimburse only those transportation costs which are in excess of costs that would be incurred by the worker while travelling to and from work.
3. The WCB may reimburse expenses incurred by a support person's travel, accommodation, meals and wage loss if it is determined that the injured worker's functional level requires it or if it is unsafe for the injured worker to travel alone.
4. Reimbursement of expenses will be based on the most cost-effective alternative, taking into account the injured worker's level of function.
5. The WCB may reimburse the costs of child care/other dependent care which are in excess of costs that would be incurred while the injured worker was working, prior to the compensable accident. This reimbursement applies when the worker attends medical treatment or is incapacitated due to a compensable injury.
6. Reimbursement of accommodation expenses are based upon the costs of a moderately priced hotel. The WCB will approve hotels approved by the Province of Manitoba for its employees. If a worker chooses to stay at a hotel not approved by the WCB, they are responsible for the costs in excess of what would have been paid at an approved hotel.
7. If an eligible individual chooses to make arrangements to stay in non-commercial lodgings, such as at a friends or relatives, an accommodation payment may still be made but will not exceed 50% of the cost of an appropriate hotel.
8. The WCB will not pay fees or reimburse expenses for advocates, professional or otherwise, who accompany an injured worker.

SCHEDULE E - PERSONAL APPLIANCES DAMAGED DURING ACCIDENT

The WCB will pay for the repair or replacement of personal appliances and clothing if the damage or loss of the personal appliance or clothing was a result of a compensable accident.

Personal appliances include eyeglasses, contact lenses, dentures, hearing aids and prosthetic devices. Personal appliances do not include such personal items as jewellery, watches or other non-health related items of personal property.

SCHEDULE F - ELECTIVE SURGICAL PROCEDURES

This Schedule sets out the general principles regarding funding for elective surgical procedures (i.e. non-emergency surgery).

The WCB will pay for the costs associated with all, or portions of, an elective surgical procedure if:

- 1) the procedure is recommended by a recognized health care provider;
- 2) the need for the procedure results, in whole or in part, from the worker's compensable injury; and
- 3) the WCB determines the procedure will cure, or provide relief from, a compensable injury.

The WCB may deny payment for an elective surgical procedure if:

- 1) the procedure is undertaken without prior approval;
- 2) the WCB determines the procedure to be unduly hazardous, unlikely to promote recovery, or unnecessary; or,
- 3) the WCB determines it is reasonable to try less invasive measures first.

Before the WCB refuses authorization of an elective surgical procedure, the WCB normally discusses this decision with the worker's treating health care provider.

The WCB will not pay for costs associated with any portion of an elective surgical procedure that is unrelated to the worker's compensable injury.

SCHEDULE G - MEDICAL REPORTS

This Schedule sets out the general principles regarding payment of fees for medical reports.

The WCB will pay health care providers a fee for completing prescribed types of medical or narrative reports on WCB claimants according to the fee schedule laid out in the WCB Service Code Manual.

The WCB may deny payment of fees where the medical or narrative reports do not meet the WCB's quality and operating requirements.

The WCB may pay for unsolicited medical or narrative reports submitted by workers, their representatives, or their dependants during the course of a reconsideration or appeal when the reports add new and relevant information that is useful in making an adjudicative decision. The WCB will pay for such reports regardless of the outcome of that decision. The amount paid for unsolicited medical or narrative reports that meet these criteria will be the same as that paid for reports solicited by the WCB.

The WCB will not pay for an unsolicited medical or narrative report if it is a summary or a reconstitution of existing medical evidence or contains no new information of value to the adjudicative process.