

**POLICY NUMBER: POL-92**

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**Chapter:**  
**CLAIMS**

**Subject:**  
**HEALTH CARE BENEFITS – GENERAL PRINCIPLES**

**Effective Date:**  
**September 26, 2002**

**Last Update:**  
**July 30, 2021**

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**PURPOSE STATEMENT:**

The purpose of this policy is to explain how the Workers Compensation Board determines entitlement to health care benefits for injured workers.

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**REFERENCE:**

*Workers Compensation Act* R.S.P.E.I. 1988, Cap. W-7.1, Section 1 (1) (r), 18  
Workers Compensation Board Policy, POL-64, Health Care Providers  
Workers Compensation Board Policy, POL-71, Conditions for Entitlement  
Workers Compensation Board Policy, POL-160, Decision Making

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**DEFINITION:**

In this policy:

“Health care benefit,” also referred to as medical aid, means payment for health care services, treatment, medications, equipment, supplies and other supports authorized by the Workers Compensation Board and required as a result of the workplace injury.

“Impairment” means a medically measurable, permanent

- (i) loss of physiological function, anatomical function or anatomical structure, or
  - (ii) abnormality of psychological function, physiological function, anatomical function or anatomical structure.
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“Plateau in medical recovery” means there is little potential for improvement or any potential changes in the condition are in keeping with the normal fluctuations which can be expected with that kind of injury.

“Supportive care” means treatment that is therapeutically necessary for workers, who have reached their maximum recovery from a work related injury, to maintain a maximum level of recovery.

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**POLICY:**

1. The Workers Compensation Board (WCB) will assist workers by paying health care benefits to help them recover, maintain function and reduce the impact of their workplace injury.
2. This policy explains the general principles and criteria for entitlement to health care benefits. Additional conditions for specific types of health care benefits are covered under the associated WCB policies.

**Health Care Benefit Principles**

3. The WCB recognizes the importance of timely and appropriate health care in an injured worker's recovery and safe return to work.
4. The WCB is responsible for determining the necessity, type and extent of health care benefits provided for a workplace injury. This means that payment of health care benefits must be approved by the WCB.
5. Decisions about initial and ongoing entitlement to health care benefits are evidence-based and made in accordance with relevant legislation and WCB policies, including WCB policy, POL-160, Decision Making.

**Eligibility Criteria**

6. To be eligible for health care benefits,
    - A worker must have an accepted workers compensation claim that meets the conditions set out in WCB policy, POL-71, Conditions for Entitlement.
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- Objective information and evidence must support the need for health care benefits for the workplace injury.
  - The WCB must determine that the health care benefits are reasonable and necessary for the workplace injury.
7. The WCB may approve health care benefits before an initial claim decision is made to assist with timely treatment and recovery.

**Payment**

8. Fees and payments for health care are determined by the WCB and are based on reasonable costs.
9. Health care providers must bill the WCB directly for all costs related to the workplace injury. They are not permitted to charge a worker extra fees above those paid by the WCB or charge workers directly for services provided.

WCB policy, POL-64, Health Care Providers lists the providers that are recognized by the WCB and their billing requirements.

10. The WCB will not pay additional costs for health care services at a distant location where similar services are available closer to the worker's place of residence.
11. Health care providers must provide the WCB with reports of services related to the workplace injury and other reports the WCB determines are necessary for the management of the claim. Reports must include objective findings, be legible and be in a form acceptable to the WCB. Invoices will not be paid without a report.
12. If a worker is required to pay for health care expenses, such as medications and supplies, the WCB will reimburse the worker if the expense is reasonable and necessary. The worker must submit an expense claim with receipts, if applicable, within six months from the date of the expense. An expense form is available on the WCB website.

**Duration of Health Care Benefits**

13. Health care benefits will continue for as long as the WCB considers it reasonably necessary for the workplace injury.
14. Generally, health care benefits are provided until a worker has recovered or reached a

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plateau in their medical recovery. For workplace injuries that have resulted in an impairment, the WCB may provide supportive health care benefits beyond this date to assist the worker to maintain function and quality of life.

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**HISTORY:**

July 30, 2021 - Non-substantive changes for clarification, including guiding principles, eligibility criteria, and payment and duration of benefits, under the revised title Health Care Benefits - General Principles (formerly *Medical Aid*).

April 25, 2013 – Amended to move the section on hospital room amenities to this policy from POL-33, “Hospital Room Amenities”, which has been rescinded.

June 23, 2011 – On April 28, 2011 the Board of Directors approved that the section on “out-of-province” be moved into this policy upon final approval of the amended POL-64, “Health Care Providers” policy.

June 24, 2008 - The policy was updated as a result of the 60 month policy review process. A section on expedited medical aid was added to the policy.

Board of Directors Approval Date: September 26, 2002