



Health Care Services
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SERVICE FEES & FEE CODES FOR PRIMARY LEVEL CHIROPRACTIC SERVICE PROVIDERS

Following are the fees payable by the WCB. These fees are payable where the negative response process utilizing the Chiropractor's Initial Report and Chiropractor's Progress/ Discharge Report has been followed as per the Standards of Care document.

Where a flat rate fee is indicated, the fee is intended to represent the average time required to treat a WCB client. Where a prorated fee is indicated, the provider will bill to the next higher quarter (1/4) hour (**). To prepare for electronic invoicing, chiropractors are asked to bill these prorated fees using "units of care" rather than number of treatments or visits. A unit of care = the unit by which the fee is listed below (e.g., a 15 minute fee code (1/4 hour) = 0.25 unit -- Fee Code 407; \$70.00/hr/0.25 = \$17.50).

Chiropractors whose systems cannot accommodate these billing instructions should contact the Supervisor of Medical Accounts (306-787-4724) to discuss their need to retain the previous billing pattern.

WCB retains the right to audit the records and invoices of care providers who have provided services to a WCB client.

Note:

* Partial units of time should be rounded up to the next ¼ hour.

** The CAS and the WCB acknowledge that the fee schedule will remain in effect to March 31, 2010 and will be modified as needed to maintain parity with the Saskatchewan Medical Association (SMA) reporting fees and Saskatchewan Health treatment rates, generally adjusted year to year. This agreement is in effect unless either party notifies the other of a need to renegotiate the fees.

** X-rays will be billable using MSP (Medical Service Plan) fee codes and fees.

Contact Numbers:

Fee and/or service agreement:

Please contact Chris Drobot, Manager, Health Care Services at 787-7760.

Billing Inquiries:

Please call the Medical Accounts Inquiry Line at 787-4412.

Service	Fee Code	Jan 1/07	April 1/07	April 1/08
Initial Visit	400	\$37.80	\$38.75	\$39.25
Subsequent Visit	401	\$28.20	\$28.90	\$29.25
Emergency Visit	402	\$50.65	\$51.90	\$51.45
Initial Report with Function Outcome Information (PPI, TXI)*	403	\$43.50	\$43.50	\$43.50 or SMA fee, if greater
Initial Report without Functional Outcome Information	422	\$37.50	\$37.50	\$37.50 or \$10 less than SMA fee, if greater
Progress/Discharge Report with Functional Outcome Information (PPP, TXP)*	404	\$26.70	\$26.70	\$26.70 or SMA fee, if greater
Progress/Discharge Report without Functional Outcome Information*	423	\$17.50	\$17.50	\$17.50 or \$9.20 less than SMA fee if greater
Telephone Fee	405	\$20.00/10 min	\$20.00/10 min	\$20.00/10 min
Research Fee	406	\$29.80/10 min	\$29.80/10 min	\$29.80/10 min
Return to Work Plan Development and Monitoring	407	\$70.00/hr	\$70.00/hr	\$70.00/hr
Functional Conditioning	408	\$60.00/hr	\$70.00/hr	\$70.00/hr
Initial Conditioning Assessment	409	\$90.00	\$90.00	\$90.00
Individual Conditioning Instruction	410	\$30.00	\$30.00	\$30.00
Group Supervised Exercise Therapy	411	\$15.00/day	\$15.00/day	\$15.00/day
Conference	412	\$75.00/hr	\$75.00/hr	\$75.00/hr
Job Site Evaluation	413	\$75.00/hr	\$75.00/hr	\$75.00/hr
Education	414	\$75.00/hr ÷ # in group	\$75.00/hr ÷ # in group	\$75.00/hr ÷ # in group
Functional Ability Evaluation	415	\$70.00/hr	\$70.00/hr	\$70.00/hr
Appliances and Supplies	31	Cost plus 5%	Cost plus 5%	Cost plus 5%
Orthotics	31	As approved by Case Manager	As approved by Case Manager	As approved by Case Manager