

Service fee and fee codes for Saskatchewan Workers' Compensation Board primary chiropractor service providers

An intervention is an appropriate WCB coded service provided to the worker by the treating practitioner during the acute, sub-acute or chronic phase of the injury. This intervention or service can include:

- Initial visit.
- Subsequent visit (biomechanical treatment, movement patterns, myofascial therapy, electrotherapy, advice and reassurance).
- Initial conditioning assessment.
- Individual conditioning instruction.
- Group supervised exercise therapy.
- Functional conditioning.

Interventions are limited to the phases of soft tissue healing (acute, sub-acute and chronic).

Following are the fees payable by the WCB. These fees are payable where the negative response process utilizing the [initial report \(CHI\)](#) and [progress/discharge report \(CHP\)](#) has been followed.

Where a flat rate fee is indicated, the fee is intended to represent the average time required to treat a WCB customer. 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 (for example, a 15-minute fee code (1/4 hour) = 0.25 unit - fee code 407; $\$81.05/\text{hr}/0.25 = \20.26).

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

Service	Fee code	Description	Dec. 1, 2020 to Oct.31, 2021	Nov. 1, 2021 to June 30, 2022	July 1, 2022 to June 30, 2023	July 1, 2023 to June 30, 2024
Initial visit ¹	400	Per visit.	\$67.45	\$70.82	\$71.53	\$71.53
Subsequent visit	401		\$43.17	\$45.07	\$45.52	\$46.85
Complex case – additional time ²	429		-	\$45.07	\$45.52	\$46.85
Emergency visit	402		\$68.65	\$68.65	\$68.65	\$68.65
Initial report with function outcome information (CHI)	403	Per report.	\$79.22	\$79.22	\$79.22	\$79.22
Initial report without functional outcome Information ³	422		\$67.64	\$67.64	\$67.64	\$67.64
Progress/discharge report with functional outcome information (CHP) ³	404		\$54.42	\$54.42	\$54.42	\$54.42
Progress/discharge report without functional outcome information (CHP) ³	423		\$43.77	\$43.77	\$43.77	\$43.77

Service	Fee code	Description	Dec. 1, 2020 to Oct.31, 2021	Nov. 1, 2021 to June 30, 2022	July 1, 2022 to June 30, 2023	July 1, 2023 to June 30, 2024
Phone fee	405	Per 10 minutes.	\$23.16	\$23.16	\$23.16	\$23.16
Research fee	406		\$34.50	\$34.50	\$34.50	\$34.50
Return-to-work plan development and monitoring ⁴	407	Per hour.	\$81.05	\$81.05	\$81.05	\$81.05
Functional conditioning ⁴	408		\$81.05	\$81.05	\$81.05	\$81.05
Initial conditioning assessment	409		\$104.21	\$104.21	\$104.21	\$104.21
Individual conditioning instruction ⁵	410		\$34.74	\$34.74	\$34.74	\$34.74
Group supervised exercise therapy	411	Per day.	\$17.37	\$17.37	\$17.37	\$17.37
Conference	412	Per hour.	\$86.85	\$86.85	\$86.85	\$86.85
Job site evaluation	413	Per hour.	\$86.85	\$86.85	\$86.85	\$86.85
Education	414	Per hour divided by number in group.	\$86.85	\$86.85	\$86.85	\$86.85
Functional ability evaluation	415	Per hour.	\$81.05	\$81.05	\$81.05	\$81.05
Appliances and supplies	31	Cost plus five per cent				
Orthotics	31	As approved by case manager				
Practitioner return-to-work form	424	Per form.	\$20.27	\$20.27	\$20.27	\$20.27
Online submission of any WCB reports	430	N/A				
Response to WCB request for permanent functional impairment rating information	427	Per response.	\$208.42	\$208.42	\$208.42	\$208.42
WCB RHCS4 form	425	Per form.	\$36.47	\$36.47	\$36.47	\$36.47
WCB RHCS4 form: returned within 5 days of WCB request date	426	Per form.	\$28.94	\$28.94	\$28.94	\$28.94

Notes:

¹ Includes initial assessment plus treatment.

² Must meet complex case criteria.

³ Commencing Jan. 1, 2017, only online reports will be accepted by the WCB.

⁴ Partial units of time should be rounded up to the next ¼ hour.

⁵ 1.25 units of care per week may be invoiced as individual instruction; time spent with the injured worker after that time is billed using fee code 411 though the worker may be the sole attendee.

- X-rays will be billable using medical service plan (MSP) fee codes and fees.

- Only 1 chiropractic subsequent visit service per day will be funded by the WCB.
- Subsequent visits are inclusive of modalities.

Contact numbers:

- Medical accounts inquiry line at 306.787.4412 for all billing inquiries.
- Manager of health-care-services at 306.933.7235 for inquiries concerning:
 - fee and/or service agreement
 - procedure