

Physician service fees and fee codes for reporting

The following are fees and fee codes for physician services. All fees will be adjusted annually using the General Practitioner (GP) Composite Index for fee and service payments negotiated by the Saskatchewan Medical Association and the Saskatchewan Ministry of Health.

Service	Fee Code	Effective April 1, 2019	Effective October 1, 2020	Effective April 1, 2021
Reports				
Initial (PPI)	650	\$61.44	\$64.82	\$67.74
- If submitted using WCB's online services, add:	651	\$12.95	\$13.66	\$14.28
Progress (PPP)	660	\$38.17	\$40.27	\$42.08
- If submitted using WCB's online services, add:	661	\$12.95	\$13.66	\$14.28
Complicated consultations (Specialist or GP Specialist)¹, add:	119	\$98.20	\$103.60	\$108.26
Special opinion on request (relationship or percentage of functional impairment), add:	97	\$245.44	\$258.94	\$270.59
Research fee when requested by the WCB (per 10 minutes)				
Specialist	178	\$49.15	\$51.85	\$54.19
General Practitioner	177	\$44.26	\$46.69	\$48.80
Telephone consultations²				
First 10 minutes:				
- Specialist	126	\$49.15	\$51.85	\$54.19
- General Practitioner	1126	\$44.26	\$46.69	\$48.80
10 to 15 minutes:				
- Specialist	128	\$65.46	\$69.06	\$72.17
- General Practitioner	1128	\$58.72	\$61.95	\$64.74
Each additional 15 minutes:				
- Specialist	164	\$65.46	\$69.06	\$72.17
- General Practitioner	1164	\$58.72	\$61.95	\$64.74
RHCS4 – Treatment implementation				
If received by the WCB within 5 days of the report request ³ , add:		\$25.00	\$25.00	\$25.00

Notes:

¹ Conditions involving more than one area of the body or chronic clients (those with injuries older than 12 weeks).

² Initiated by the WCB or a health care provider currently treating the injured worker. Synopsis of the consultation to be included in patient's chart.

³ Not increased due to GP Index.

Physician service fees and fee codes not covered by Saskatchewan Health

Service	Fee Code	Effective April 1, 2019	Effective October 1, 2020	Effective April 1, 2021
Counselling on Return-to-Work (RTW) and completion of an employer-provided restrictions/functional abilities/RTW form¹ (per 10 minutes or major portion)	640	\$46.76	\$49.33	\$51.55
Hospital management² (per hospital stay)	199	\$129.45	\$136.57	\$142.72
Traumatic Brain Injury consultation				
Chair	89	\$1,024.21	\$1,080.54	\$1,129.17
- Actual time spent in excess of 2.5 hours (per hour)	1189	\$410.10	\$432.66	\$452.12
Member	189	\$819.16	\$864.21	\$903.10
- Actual time spent in excess of 2.5 hours (per hour)	1089	\$327.25	\$345.25	\$360.78
Cardiac (per hour)				
Chair	42	\$410.10	\$432.66	\$452.12
Member	142	\$327.25	\$345.25	\$360.78
Cardiopulmonary – Medical Consultant				
Chair	5	\$1,229.26	\$1,296.87	\$1,355.23
- Actual time spent in excess of 2.5 hours (per hour)	1150	\$410.10	\$432.66	\$452.12
Member	150	\$981.75	\$1,035.75	\$1,082.35
- Actual time spent in excess of 2.5 hours (per hour)	1050	\$327.25	\$345.25	\$360.78
Medical Review Panel				
Chair	15	\$1,637.28	\$1,727.33	\$1,805.06
- Actual time spent in excess of 2.5 hours (per hour)	1115	\$410.10	\$432.66	\$452.12
Member	1015	\$1,310.03	\$1,382.08	\$1,444.28
- Actual time spent in excess of 2.5 hours (per hour)	1215	\$327.25	\$345.25	\$360.78
Medical Board				
Member	190	\$819.16	\$864.21	\$903.10
- Actual time spent in excess of 2.5 hours (per hour)	1190	\$327.25	\$345.25	\$360.78
Chaperone fee (per 15 minutes)	85	\$81.88	\$86.38	\$90.27

Notes:

¹ For patient counselling regarding early return-to-work and completion of an employer provided return-to-work/restrictions/abilities form. Billable at any session where an employer provided form is completed and returned to the employer. Visit fee and WCB report form is also billable at the same visit.

² Billed by most responsible physician (MRP) and/or physician completing discharge summary, for inpatient hospital stays. Includes discussion with patient regarding expectations for recovery and return-to-work. Billed at or near time of discharge, with notation in patient's chart.