

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 for service payments negotiated by the Saskatchewan Medical Association and the Saskatchewan Ministry of Health.

Service	Fee code	Effective April 1, 2021	Effective April 1, 2024	Effective April 1, 2025
Reports				
Initial (PPI)	650	\$67.74	\$75.53	\$77.12
• If submitted using the WCB's online services, add:	651	\$14.28	\$15.92	\$16.25
Progress (PPP)	660	\$42.08	\$46.92	\$47.90
• If submitted using the WCB's online services, add:	661	\$14.28	\$15.92	\$16.25
Complicated consultations (specialist or GP specialist)¹, add:	119	\$108.26	\$120.71	\$123.24
Special opinion on request (relationship or percentage of functional impairment), add:	97	\$270.59	\$301.71	\$308.04
Research fee when requested by the WCB (per 10 minutes)				
• Specialist	178	\$54.19	\$60.42	\$61.69
• General practitioner	177	\$48.80	\$54.41	\$55.55
Telephone consultations²				
First 10 minutes:				
• Specialist	126	\$54.19	\$60.42	\$61.69
• General practitioner	1126	\$48.80	\$54.41	\$55.55
10 to 15 minutes:				
• Specialist	128	\$72.17	\$80.47	\$82.16
• General practitioner	1128	\$64.74	\$72.18	\$73.69
Each additional 15 minutes:				
• Specialist	164	\$72.17	\$80.47	\$82.16
• General practitioner	1164	\$64.74	\$72.18	\$73.69
RHCS4 – Treatment implementation	179	\$37.77	\$42.11	\$42.99
If received by the WCB within five days of the report request ³ , add:		\$25.00	\$25.00	\$25.00

Notes:

- ¹ This refers to conditions involving more than one area of the body or chronic clients (those with injuries older than 12 weeks).
- ² Phone conversations are initiated by the WCB or a health-care provider currently treating the worker. Include a synopsis of the consultation in the patient's chart.
- ³ The amount payable for completion of the RHCS4 does not increase due to the GP index.

Physician service fees and fee codes not covered by Saskatchewan Health

Service	Fee code	Effective April 1, 2021	Effective April 1, 2024	Effective April 1, 2025
Counselling on return to work and completion of an employer-provided restrictions/functional abilities/return-to-work form¹ (per 10 minutes or major portion)	640	\$51.55	\$57.48	\$58.69
Hospital management² (per hospital stay)	199	\$142.72	\$159.13	\$162.47
Traumatic brain injury consultation				
Chair	89	\$1,129.17	\$1,259.02	\$1,285.46
• Actual time spent in excess of 2.5 hours (per hour)	1189	\$452.12	\$504.11	\$514.70
Member	189	\$903.10	\$1,006.96	\$1,028.11
• Actual time spent in excess of 2.5 hours (per hour)	1089	\$360.78	\$402.27	\$410.72
Cardiac (per hour)				
• Chair	42	\$452.12	\$504.11	\$514.70
• Member	142	\$360.78	\$402.27	\$410.72
Cardiopulmonary – medical consultant				
Chair	5	\$1,355.23	\$1,511.08	\$1,542.81
• Actual time spent in excess of 2.5 hours (per hour)	1150	\$452.12	\$504.11	\$514.70
Member	150	\$1,082.35	\$1,206.82	\$1,232.16
• Actual time spent in excess of 2.5 hours (per hour)	1050	\$360.78	\$402.27	\$410.72
Medical review panel				
Chair	15	\$1,805.06	\$2,012.64	\$2,054.90
• Actual time spent in excess of 2.5 hours (per hour)	1115	\$452.12	\$504.11	\$514.70
Member	1015	\$1,444.28	\$1,610.37	\$1,644.19
• Actual time spent in excess of 2.5 hours (per hour)	1215	\$360.78	\$402.27	\$410.72
Medical board				
Member	190	\$903.10	\$1,006.96	\$1,028.11

<ul style="list-style-type: none"> Actual time spent in excess of 2.5 hours (per hour) 	1190	\$360.78	\$402.27	\$410.72
Chaperone fee (per 15 minutes)	85	\$90.27	\$100.65	\$102.76

Notes:

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

² Hospital management is billed by the most responsible physician and/or physician completing discharge summary, for inpatient hospital stays. It includes discussion with patient regarding expectations for recovery and return to work. Hospital management is billed at or near time of discharge, with notation in patient's chart.