

Service fees and fee codes for Saskatchewan Workers' Compensation Board primary occupational therapy service providers

When the WCB sets a prorated fee, **the provider must bill using the major portion thereof method.** At least half of the minimum time stated in the code must have elapsed for the provider to bill the additional unit.

For all time-based fee codes, the chart notes must include start and end times. The WCB retains the right to audit records and invoices of health-care providers who have provided services to a WCB customer.

- There is a **collective minimum of 20 minutes and up to 60 minutes per day** as indicated in the fee codes identified by an asterisk.
- There is a **collective weekly limit of 120 minutes per calendar week for workers working full hours (excluding treatment time)** as indicated in the fee codes identified by an asterisk.
- There is a **collective weekly limit of 180 minutes for workers not back to full hours (excluding treatment time) in the workplace** as indicated in the fee codes identified by an asterisk.

Service	Fee code	Description	June 1, 2025 – May 31, 2026	June 1, 2026 – May 31, 2027	June 1, 2027 – May 31, 2028
* Initial biomechanical assessment ^{1, 2} (maximum of six units)	900	Per 10 minutes	\$30.00	\$30.90	\$31.83
* Subsequent visit (maximum of three units per day)	901	Per 10 minutes	\$30.00	\$30.90	\$31.83
* Conditioning and functional ability evaluation (maximum of up to six units per day) ^{3, 4}	903	Per 10 minutes	\$30.00	\$30.90	\$31.83
Work site or home assessment ⁵	906	Per 10 minutes	\$30.00	\$30.90	\$31.83
Initial report with function outcome information	910	Per report	\$80.91	\$80.91	\$80.91
Progress/discharge report with functional outcome information	920	Per report	\$54.94	\$54.94	\$54.94

Return-to-work plan development and monitoring, phone calls ⁶ , conferencing/correspondence (such as with equipment vendors/service vendors/construction professionals) and research into appropriate adaptive aids, equipment or services	902	Per 10 minutes	\$30.00	\$30.90	\$31.83
Response to WCB request for permanent functional impairment rating information, includes assessment (maximum of 11 units)	930	Per 10 minutes	\$30.00	\$30.90	\$31.83
Orthotics and splint construction/fitting/ modification	33	Per 10 minutes	\$30.00	\$30.90	\$31.83
Pre-manufactured therapeutic equipment and supplies for custom devices ⁷ (requires WCB pre-authorization)	34	Manufacturer's price plus 10 per cent			
Mileage to/from job site/home for out-of-town travel ⁹	911	Public service commission mileage rate			
Primary occupational therapist in-city travel ^{8, 9}	916	\$90.00	\$92.70	\$95.49	

Notes:

- ¹ Initial assessment includes treatment provided during the initial appointment. There are a maximum of six units available. The number of units should reflect the complexity of the injury.
- ² Initial and subsequent visits are inclusive of modalities and TheraBand (or similar product).
- ³ Only occupational therapists can provide services. A kinesiologist cannot bill this fee code for delegated conditioning or functional abilities evaluations, but any time they spend providing these delegated services will count toward the daily and weekly time maximums.
- ⁴ For any group conditioning containing more than one WCB claimant, the occupational therapist will randomly assign the WCB invoice to one of the WCB claimants in the group.
- ⁵ This involves attendance at the work site for the purpose of analyzing job duties or making job site modifications. The WCB permits up to two hours for reporting, with approval required for any additional reporting. The WCB only pays travel time for travel outside of the practitioner's usual municipality of work. The WCB will only pay the Public Service Commission mileage rate for out-of-town travel (this requires

authorization of insurer prior to incurring travel costs).

- ⁶ This does not include calls for authorization to treat or reports on progress.
- ⁷ This includes materials such as arm rests, casts, fibreglass casts, braces, wrist supports, back supports, support stockings, trusses, obesity supports and orthopaedic boots, when appropriate.
- ⁸ The health-care provider can bill this a maximum of once per day (per client) when completing the requested service requires in-city travel. They cannot combine this with out-of-town travel.
- ⁹ The WCB requires health-care providers to include destination travel details on the invoice.

Refer to the [practice standards for primary occupational therapy service providers](#) document for a detailed description of the services listed on this fee schedule.

Contact numbers:

- Medical accounts inquiry line: 306.787.4412, for all billing inquiries.
- Manager of health-care services: 306.787.1803, for inquiries concerning:
 - fee and/or service agreement
 - procedure