

Service fee and fee codes for Saskatchewan Workers' Compensation Board primary chiropractic 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 the following:

- Initial visit
- Subsequent visit (biomechanical treatment, movement patterns, myofascial therapy, electrotherapy, advice, education and reassurance)
- Individual conditioning instruction

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 using the major portion thereof method. (At least half of the minimum time stated in the code must have elapsed for the additional unit to be billed.)

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	July 1, 2024 to Dec. 31, 2024	Jan. 1, 2025 to Dec. 31, 2025	Jan. 1, 2026 to Dec. 31, 2026	Jan. 1, 2027 to Dec. 31, 2027
Initial visit ¹	400	Per visit.	\$75.11	\$78.11	\$80.45	\$82.06
Subsequent visit	401	Per visit.	\$49.19	\$51.16	\$52.70	\$53.75
Complex case – additional time ²	429	Per visit.	\$49.19	\$51.16	\$52.70	\$53.75
Emergency visit	402	Per visit.	\$72.08	\$74.97	\$77.21	\$78.76
Initial report with function outcome information (CHI)	403	Per report.	\$83.18	\$86.51	\$89.10	\$90.89
Progress/discharge report with functional outcome information (CHP)	404	Per report.	\$57.14	\$59.43	\$61.21	\$62.43
Conferencing (telephone)	412	Per 10 minutes.	\$16.81	\$17.48	\$18.01	\$18.37
Research fee	406	Per 10 minutes.	\$36.23	\$37.67	\$38.80	\$39.58

Return-to-work plan development and monitoring	407	Per 10 minutes.	\$14.18	\$14.75	\$15.19	\$15.49
Practitioner return to work form	424	Per form.	\$21.28	\$22.13	\$22.80	\$23.25
Individual conditioning instruction	410	Per 10 minutes.	\$24.32	\$25.29	\$26.05	\$26.57
Functional ability evaluation	415	Per 10 minutes.	\$24.32	\$25.29	\$26.05	\$26.57
Appliances and supplies	31	Cost plus 5%				
Orthotics	31	As approved by CM				
Response to WCB request for permanent functional impairment rating information	427	Per response.	\$218.84	\$227.59	\$234.42	\$239.11
WCB RHCS4 form	425	Per form.	\$38.29	\$39.83	\$41.02	\$41.84
WCB RHCS4 form: returned within 5 business days of WCB request date	426	Per form.	\$30.39	\$31.60	\$32.55	\$33.20

Notes:

¹ Includes initial assessment plus treatment.

² Must meet complex case criteria.

- X-rays will be billable using MSP (Medical Service Plan) fee codes and fees.
- Only 1 Chiropractic subsequent visit service per day will be funded by WCB.
- Subsequent visits are inclusive of modalities.

Refer to [Practice Standards for Primary Level Chiropractic Service Providers](#) for detailed description of the services listed on this fee schedule.

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